



Implementing the PDH-CPG Across the Deployment Cycle Post OEF/OIF

May 2003 (Updated Apr 05 and 9 Jul 07)

pdhealth@amedd.army.mil

Provider Consult HelpLine: 1-866-559-1627

Patient Call Center HelpLine: 1-800-796-9699

Training Agenda



Introduction and Guideline
Overview

Basics of Risk Communication
Post-Deployment Health
Assessment 2796 Enhanced
Process

PDH-CPG Application

Summary and Questions

COL Charles Engel

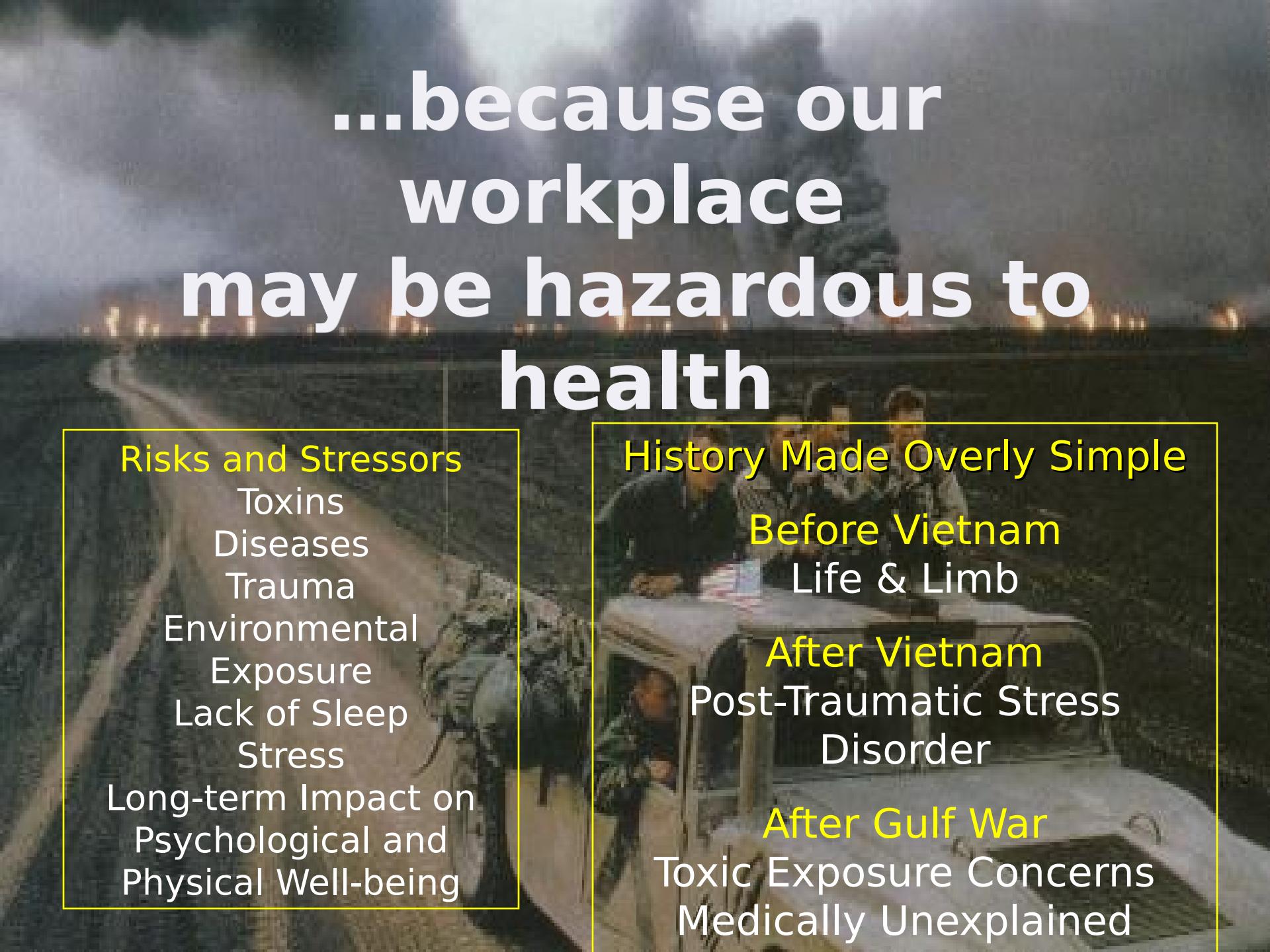
Mr Timothy O'Leary
COL Jeff
Gunzenhauser

Col Adkins, COL
Engel, Mr O'Leary

Why Focus On Post-Deployment Health Care?

(“Isn’t it just ‘routine health care’ in a slightly different uniform?”)





...because our workplace may be hazardous to health

Risks and Stressors

Toxins

Diseases

Trauma

Environmental

Exposure

Lack of Sleep

Stress

Long-term Impact on
Psychological and
Physical Well-being

History Made Overly Simple

Before Vietnam

Life & Limb

After Vietnam

Post-Traumatic Stress
Disorder

After Gulf War

Toxic Exposure Concerns
Medically Unexplained



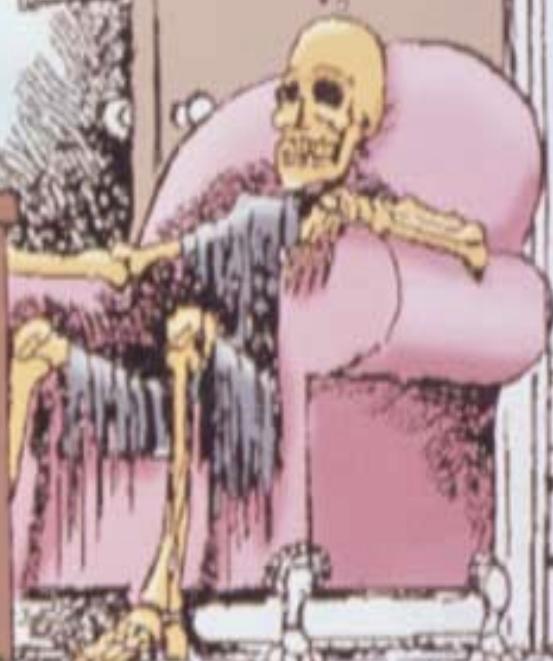
Gulf War Syndrome

♠ 17% of UK Gulf War Veterans believe they have “Gulf War Syndrome”



SO...WHAT MAKES
YOU THINK YOU'RE
SICK?...

DESERT
STORM
*
MEDICAL
INQUIRY



Gulf War Syndrome

Agent Orange

PTSD

Battle fatigue

Neurocirculatory asthenia

Shell shock

Effort syndrome

Da Costa's syndrome

Soldier's heart

Recent Unexplained Syndromes Involving the Military, War, Deployment, or Terror

- ♠ Dutch peacekeepers in Lebanon (1980s)
- ♠ “Jungle Disease” (Dutch peacekeepers in Cambodia)
- ♠ Gulf War Syndrome
- ♠ Afghanistan Syndrome (Russia, 1990s)
- ♠ Chechnya Syndrome (Russia, 1990s)
- ♠ Illnesses after 1992 El Al Airliner crash in Amsterdam
- ♠ Illnesses after anthrax vaccination (1990s)
- ♠ Dutch peacekeepers in Bosnia (1995-6)
- ♠ Canadian peacekeepers in Croatia (late 1990s)
- ♠ Balkan War Syndrome

S P E C I A L R E P O R T

Newsweek®

November 5, 2001 : \$3.95

newsweek.msnbc.com



DUST AND FEAR: Doctors see an unusual number of respiratory complaints

HEALTH

Now, 'WTC Syndrome'

ing coughs and sinus infections to posttraumatic stress and acute lung traumas, including severe asthma requiring mechanical respiration.

The syndrome appears to be

vasculit
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the long
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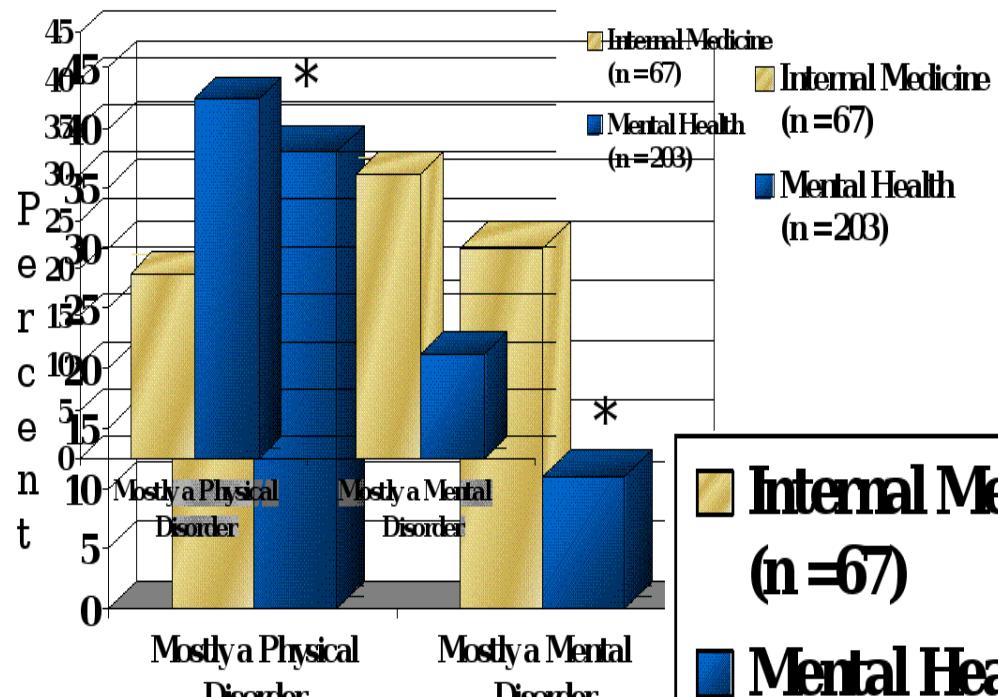
Unexplained Physical Symptoms Medicine's "Dirty Little Secret"



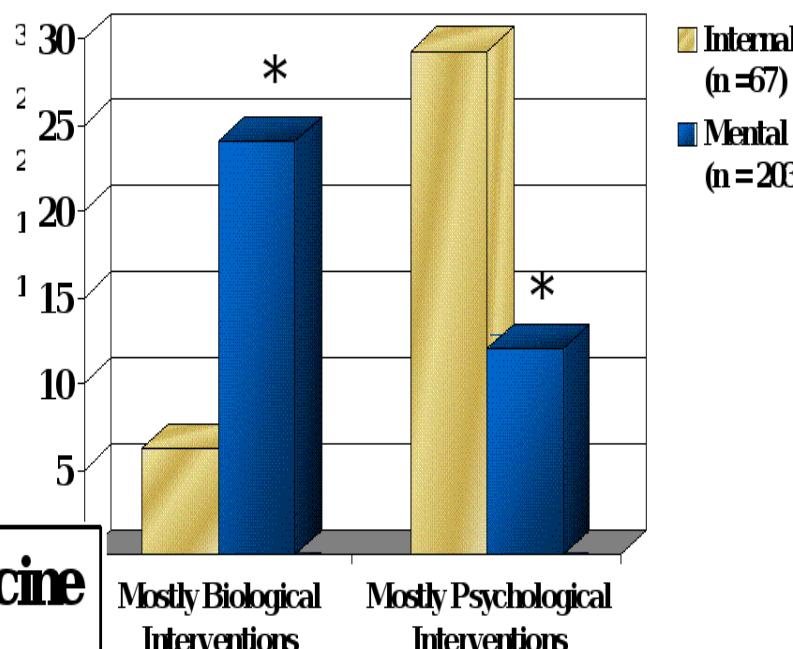
<u>Specialty</u>	<u>Clinical Syndrome</u>
Orthopedics	Low Back Pain Patellofemoral Syndrome
Gynecology	Chronic Pelvic Pain Premenstrual Syndrome
ENT	Idiopathic Tinnitus
Neurology	Idiopathic Dizziness Chronic Headache
Urology	Chronic Prostatitis Interstitial Cystitis Urethral Syndrome
Anesthesiology	Chronic Pain Syndromes
Cardiology	Atypical Chest Pain Idiopathic Syncope Mitral Valve Prolapse
Pulmonary Syndrome	Hyperventilation
Endocrinology	Hypoglycemia

<u>Specialty</u>	<u>Clinical Syndrome</u>
Dentistry	Temporomandibular Disorder
Rheumatology	Fibromyalgia Myofascial Syndrome Silicosis
Internal Medicine	Chronic Fatigue Syndrome
Infect Disease	Chronic Lyme Chronic Epstein-Barr Virus Chronic Brucellosis Chronic Candidiasis
Gastroenterology	Irritable Bowel Syndrome Gastroesophageal Reflux
Physical Medicine	Mild Closed Head Injury
Occupational Medicine	Multiple Chemical Sensitivity Sick Building Syndrome
Military Medicine	Gulf War Syndrome
Psychiatry	Somatoform Disorders

Rate the degree to which you believe
“Persian Gulf Illness” is:



Rate the degree to which you believe
“Persian Gulf Illness,” in general,
is most effectively treated by:

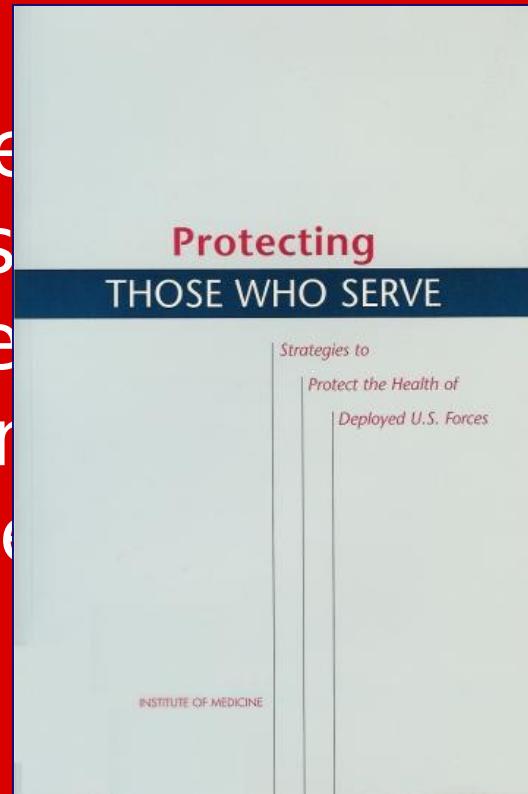


**Internal Medicine
(n = 67)**

**Mental Health
(n = 203)**

Institute of Medicine

Strategy 5: “Implement strategies to address medically unexplained physical symptoms in populations that have been deployed.”



WA, DC, National Academy Press; 200

A DoD Center of Excellence

Deployment Health Clinical

Mission: Improve deployment health care
for DoD beneficiaries

The collage includes:

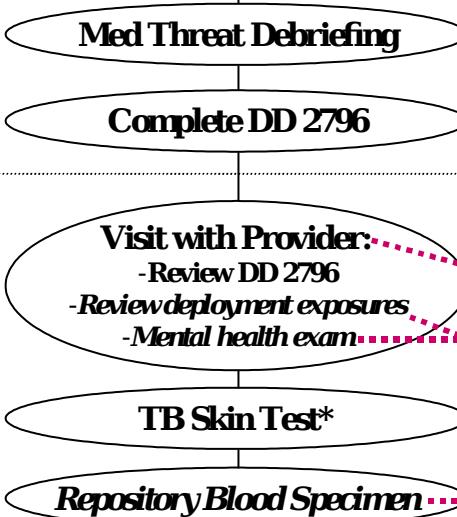
- Top Left:** A large red banner with the text "A DoD Center of Excellence Deployment Health Clinical Mission: Improve deployment health care for DoD beneficiaries".
- Top Center:** A newspaper clipping from "The Washington Post" dated Tuesday, November 24, 1998. Headlines include "Redskins Come Back, Then Lose to Cardinals, 45-42" and "Dow Tops Record All the Way Back".
- Bottom Left:** A full-page newspaper clipping from "The Washington Post" featuring stories about the Gulf War Health Center, including "Livingston: Censure Is Uncertain" and "Army's New Tack on Unseen Enemy".
- Bottom Right:** A photograph of Dr. Charles Engel, a Gulf War veteran, standing in front of a sign that reads "Gulf War Health Center WALTER REED ARMY HOSPITAL". He is wearing a white lab coat and glasses. The background shows an American flag and a poster for "OPERATION DESERT STORM". Below the photo, the text "Decent TREATMENT" is written in large red letters.

How Can We Do Better?



Medical Screening for Redeploying Soldiers

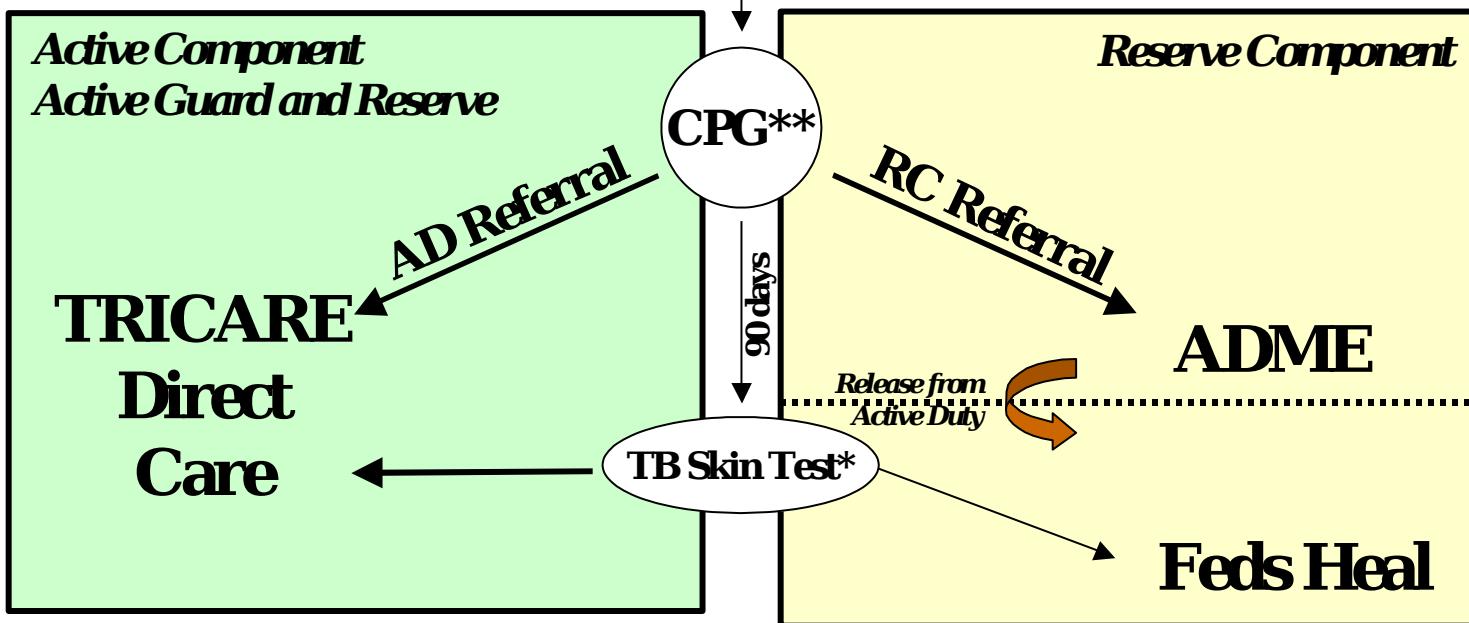
*In
Theater*



Redeploy

Provider = Physician, PA, or Nurse Practitioner
Specific issues the Provider must review in addition to reviewing the DD 2796

Blood specimen required for all personnel



**Clinical Practice Guideline

4 Apr 03

*Two visits, 48-72 hours apart

UNCLASSIFIED

**DoD-VA CLINICAL PRACTICE
GUIDELINE ON
*POST-DEPLOYMENT HEALTH
EVALUATION &
MANAGEMENT***

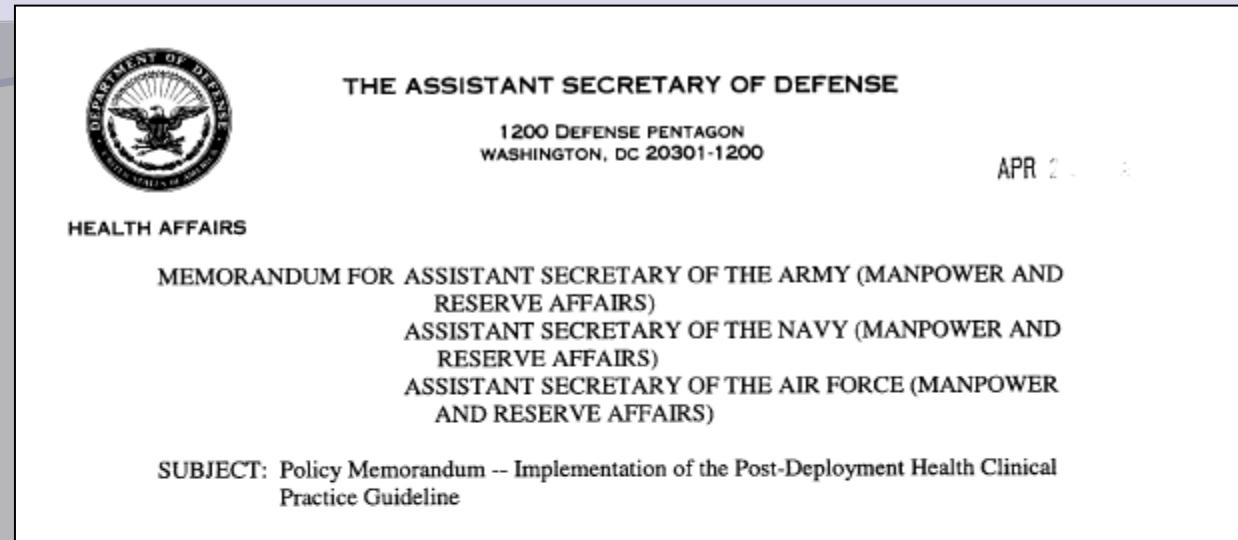


Clinical Practice Guideline for Post-Deployment Health



- ♦ DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline (PDH-CPG)
 - Evidence-based guideline for the evaluation and management of patients with deployment-related health concerns/conditions in the primary care setting
 - Completed by an expert multi-disciplinary, multi-agency panel
 - Replaced Comprehensive Clinical Evaluation Program (CCEP)
 - Initiated with a worldwide satellite broadcast January 2002 and distribution of Tool Kits to all MTFs
 - No change since 2002 except new Toolboxes distributed to MTFs starting in July 2004 and coding guidance modified

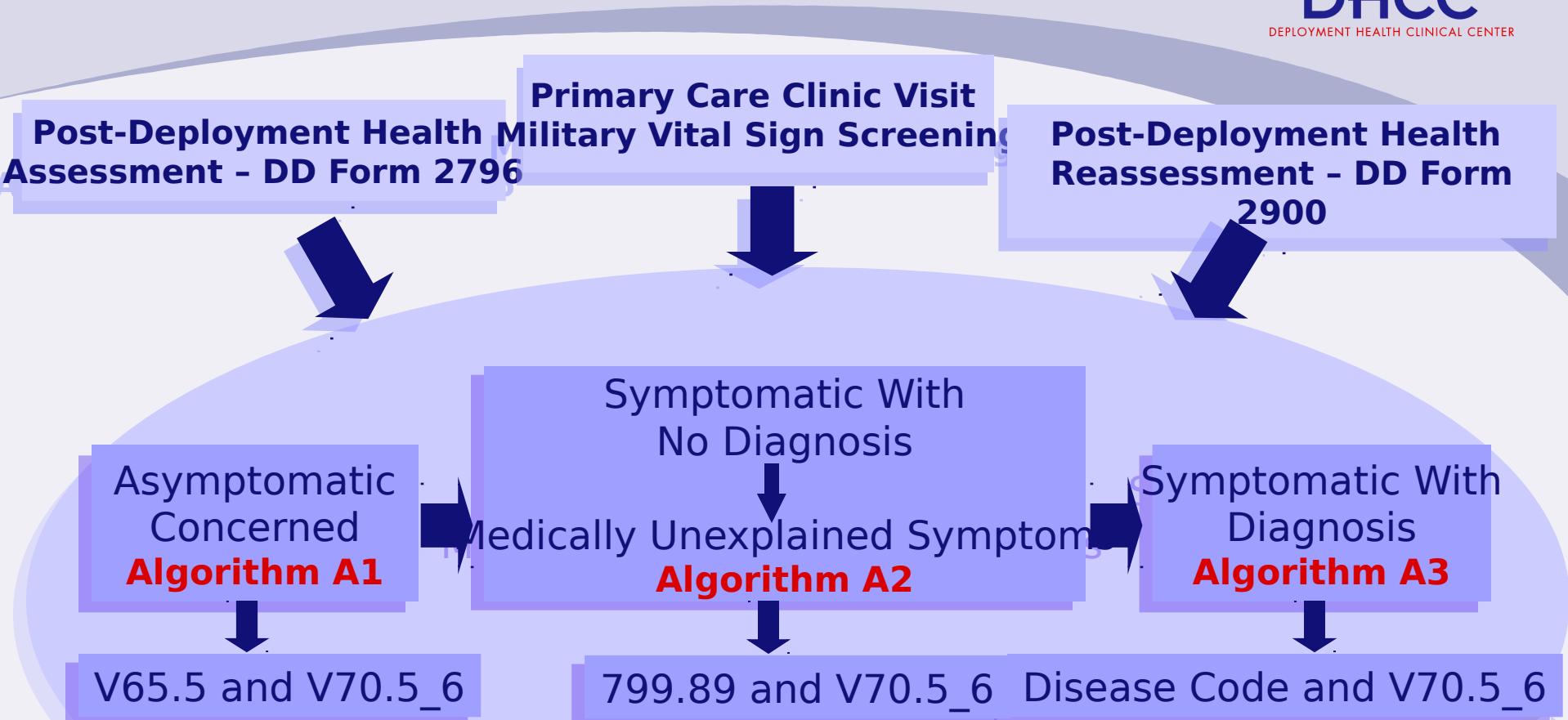
PDH-CPG Use Mandated by Health Affairs - April 2002



“All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline ...the military unique vital sign question ‘*Is the reason for your visit today related to a deployment?*’ should be asked of every patient...providers will review and employ, as needed, this guideline during their evaluations...”



Overview of PDH-CPG



PDH-CPG

Key Features of PDH-CPG



- ♠ Military unique **vital sign** to identify deployment- related health concerns
- ♠ Clinically-based **risk communication**
- ♠ Use of an **algorithm-based stepped care** approach
- ♠ Emphasis on longitudinal **follow-up**
- ♠ Web-based **clinician support**
- ♠ Supporting **Center of Excellence**
- ♠ Metrics and outcomes **monitoring**

Deployment-Related Question = Military Unique Vital Sign



- ♠ All persons should be asked "***Is your health concern today related to a deployment?***" at every primary care visit except wellness visits (e.g. periodic exams and preventive care)
- ♠ **Patient** rather than provider **determination**
- ♠ Role of Medical Screener
 - Ask military unique vital sign question
 - Document response in AHLTA or on stamped/overprinted SF600
 - Alert provider to "**yes**" or "**maybe**" responses
- ♠ Percentage of positive responses = 2.8% AD vs 0.2% FM in NQMP study published Dec 04



Local Challenges

- ♠ **Identifying a champion:** clinical & administrative
- ♠ **Local gap analysis**
 - Implementing the **deployment-related screening question?**
 - Adhering to visit **coding?**
 - Assessing follow-up **metrics?**
 - Local Utilization Management/Informatics **support?**
 - Making provider & patient information available from the PDH-CPG **Toolbox?**
 - Obtaining risk communication **training?**
- ♠ **Receiving DHCC Newsletter?** Medical “Early Bird” for those who want to know what patients may be reading

Risk Communication & Its Relevance for Clinicians



What is Risk Communication?



- ♠ An interactive process of exchange of information and opinion among individuals, groups, and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concern, opinions, or reactions to risk messages or to legal and institutions arrangements for risk managers.

National Research Council, Committee on Risk Perception and Communication

What is Risk Communication? (cont.)



- ♦ Building and maintaining relationships based on the effective exchange of technical and/or scientific information between concerned stakeholders about an actual or perceived risk

Risk Communication Team, U.S. Army Center for Health Promotion and Preventive Medicine

What is Risk Communication? (cont.)



- ♠ A science-based approach for communicating effectively in
 - High concern
 - Low trust
 - Sensitive or
 - Controversial situations

Vincent Covello, Center for Risk Communication

Gaining Trust and Credibility



- ♠ Difficult to gain and easy to lose
- ♠ Most important factors are
 - Empathy
 - Caring
 - Personal Commitment
 - Honesty
 - Openness
 - Expertise



Risk Communication History



- ♠ Risk communication dates back to 1980s
- ♠ Interact with communities or groups
- ♠ Concern about health, safety, or environmental dangers
- ♠ Perception of peril to themselves & especially to their children

Seven Rules of Risk Communication



- ♠ Rule 1. Accept and involve the recipient of information as a legitimate partner
- ♠ Rule 2. Plan carefully and evaluate performance
- ♠ Rule 3. Listen to your audience
- ♠ Rule 4. Be honest, frank, and open

Seven Rules of Risk Communication (cont.)



- ♠ Rule 5. Coordinate and collaborate with other credible sources
- ♠ Rule 6. Plan for “Media” influence
- ♠ Rule 7. Speak clearly and with compassion

Narrowing Risk Communication

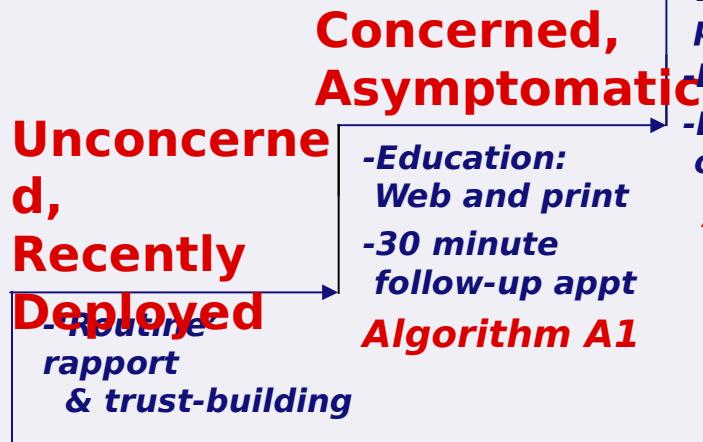


- ♠ Until recently, risk communication was used for groups and communities
- ♠ In a clinical setting, risk communication is used with small groups (e.g., family) or individuals
- ♠ Building trust and credibility remains crucial
- ♠ Fosters a good environment for communicating sensitive health risk information
- ♠ Listening is half of communication

Stepped Risk Communication Strategy



- Important element of PDH-CPG
- Routine primary care assessment “routine” trust rapport building



- Ascend “risk communication stairs” as outlined above

Clinical Practice Guidelines



- ♠ Risk communication is a central part of the guideline
- ♠ Routine primary care assessment – “routine” trust & rapport building
- ♠ Ascend “risk communication stairs” for:
 - Unconcerned patient, but recently deployed
 - Concerned patient with recognized disease
 - Concerned patient who is asymptomatic
 - Concerned patient with chronic unexplained symptoms

Why Use Risk Communication?



- ♠ Allows transmission of relevant & accurate health information
- ♠ Increases patient & provider focus on relevant health risks
- ♠ Reduces unnecessary patient distress

Benefits of Risk Communication



♠ Improves patient:

- Acceptance and adherence to medical advice
- Satisfaction with care
- Confidence in provider & their relationship
- Trust in the health care system
- Functioning & health behaviors
- Chances of returning to life roles

♠ Improves provider satisfaction with the process of delivering care

What Risks Concern Patients?



- ♠ Risk of serious illness
- ♠ Risk of various outcomes (e.g., cure, death, disability)
- ♠ Risks of medical tests
- ♠ Risks of medical treatments
- ♠ Risk of workplace or environmental exposures

Clinical Risk Communication

E N V I T E



E-mpathy: Listen actively. Confirm what you hear. Express concern. Convey genuine desire to assist.

N-on confrontational: Subordinate the need to be “right” to the obligation to relieve suffering. Don’t engage in arguing with patient.

V-alidate: Validate the patient’s decision to seek care.

I-nform: Offer data that addresses patient’s specific concerns presented in an understandable way.

Take Action: Describe options. Appropriate tests/labs. Schedule a follow-up. Research concerns. Consider consultation or second opinion, as needed.

E-nlist Cooperation: Negotiate an action plan with the patient rather than imposing one on him or her.

Who Needs Risk Communication Expertise?



- ♠ Physician/Clinician
- ♠ Nurse
- ♠ Desk Clerk/Receptionist



Risk Communication Summary



- ♠ Clinical risk communication involves low trust-high concern situations
- ♠ Trust and credibility are the heart of communicating health information to patients
- ♠ Value your patients views and beliefs

Post-Deployment Health Clinical Practice Guideline Tools & Application



Worldwide Web Support for Post-Deployment Health Care

www.PDHealth.mil



- ♠ Information on deployments
- ♠ PDH-CPG
 - MDD-CPG
 - MUS-CPG
 - PTSD-CPG
- ♠ Specific diseases and emerging health concerns
- ♠ Online clinical tools
- ♠ Provider and patient education materials
- ♠ News and information library

The screenshot shows the homepage of PDHealth.mil. At the top right is a search bar and a "Home" link. Below it is a banner with the text "Welcome to pdhealth.mil a product of the DHCC". To the right is a photo of a medical professional wearing a mask. On the left is a sidebar with links for Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQs, and 508-Compliant Site. The main content area has sections for "News Flash" (Enhanced PDHA Process), "Emerging Health Concerns" (Acinetobacter Fact Sheet for Clinicians, Acinetobacter Infections Information for Service Members and Their Families, MNC-I Policy on Malaria Prevention in Iraq, Army Policy for Management of Suspected Cutaneous Leishmaniasis, Depleted Uranium Information for Clinicians, Depleted Uranium Information for Service Member and Their Families), and "In the News" (Post-Attack Vaccine Plus, Antibiotics Best Against Anthrax Release, Bioterrorists Could Unleash Deadly Flu, Contagious Virus Sent to Military Medical Facilities Destroyed, London Airport Train Was Reportedly Ricin Target, Facts About Phosgene, Flowcharts - Chemical Terrorism Event Shipping Instructions, TriCare Formulary Search Tool, VA Opening Clinic for Female Vets, Hurt Soldiers Still Help Country - Virtually, Reservists Can Keep Health). A footer at the bottom says "New on PDHealth.mil" and "Back to top".

PDH-CPG Web-Based Tools

www.PDHealth.mil



♠ PDH Guidelines

- Overview
- Guideline
- Algorithms
- Implementation
- Desk Reference Toolbox
- Tool Kit (Updated by Toolbox)
- CCEP Transition
- Broadcast, 30 Jan 2002
- Supporting Guidelines
 - Major Depressive Disorder
 - Medically Unexplained Symptoms
 - Post Traumatic Stress Disorder

Home Page

The screenshot shows the PDHealth.mil website homepage. The left sidebar contains a navigation menu with links such as 508-Compliant Site, Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQ's, and a Help and FAQ's link. A red circle highlights the "PDH Guidelines" link under the "PDH Guidelines" section. The main content area features a welcome message, a search bar, and several links: Advanced Search, Welcome to pdhealth.mil, a product of the DHCC, Welcome!!! PDHealth.mil has been developed by the Deployment Health Clinical Center as a resource for clinicians, veterans, and their families. Our goal is to create a trusting partnership between healthcare providers and veterans, their families, and their providers to ensure the highest quality care for those who make sacrifices in the most hazardous workplaces of them all., News Flash, Overview, Guideline, Matic Services for Clinicians, Desk Reference Toolbox, Toolkit (Updated by Toolbox), CCEP Transition Broadcast, 30 Jan 2002, Supporting Guidelines, In the News, and a photo of medical professionals. Below this is a "New on PDHealth.mil" section with a "PDH-CPG Desk Reference" link. The right sidebar contains a "PDH Guidelines" section with a "DoD/VHA Clinical Practice Guideline for Post-Deployment Health Evaluation and Management" link. The bottom of the page includes a "Table of Contents" and links to Clinicians, Veterans, Family and Friends, and Reserve Component.

PDH Guidelines

PDH-CPG Desk Reference Toolbox



♦ Desktop-Sized Laminated Box

- Desk Reference Cards
- Compact Discs
 - Interactive PDH-CPG
 - MEDCOM CD of Other CPGs
 - 2 PDH-CPG Training CDs
- Sample Clinician and Patient Brochure
- Various other items



Contents on www.PDHealth.mil

- ♦ Distributed 1 per primary care provider in every military medical treatment facility

starting July 2004

Deployment Health News



- ♠ Email newsletter each business day
- ♠ Deployment-related news articles
- ♠ To subscribe, sign up at:
[www.pdhealth.mil/
nl_signup.asp](http://www.pdhealth.mil/nl_signup.asp)

DHCC
ARCHIVE

8/30/2006
8/29/2006
8/28/2006
8/25/2006
8/24/2006

More Information

For more deployment health information visit DHCC Web site www.pdhealth.mil

To contact Deployment Health Clinical Center, call **800.796.9699** or [click here](#).

To subscribe to Deployment Health Daily News, [click here](#).

To discontinue Deployment Health Daily News, [click here](#).

Deployment Health News
DHCC's Daily Online Newsletter

August 30, 2006

Iraqi hospitals are war's new 'killing fields'
Medical sites targeted by Shiite militiamen

In Baghdad these days, not even the hospitals are safe. In growing numbers, sick and wounded Sunnis have been abducted from public hospitals operated by Iraq's Shiite-run Health Ministry and later killed, according to patients, families of victims, doctors and government officials. As a result, more and more Iraqis are avoiding hospitals, making it even harder to preserve life in a city where death is seemingly everywhere.

*Source : MSNBC **

Spouses say community helping Baumholder cope
War and separations have strained 1st AD families

Most people soldier on. But three years of war, long separations from family and fallen friends are starting to take a toll on the home front. Add a lack of information and communication, fears of an extension, base budget cuts and ongoing transformation, you'd think you'd have a perfect storm of angst at this Army base. Yet, even the most dissatisfied say a sense of community — often missing other places — seems to hold this 1st Armored Division post together.

*Source : Stars and Stripes **

Guard families cope in two dimensions
'Flat Daddy' cutouts ease longing

Maine National Guard members in Iraq and Afghanistan are never far from the thoughts of their loved ones. But now, thanks to a popular family-support program, they're even closer. Welcome to the "Flat Daddy" and "Flat Mommy" phenomenon, in which life-size cutouts of deployed service members are given by the Maine National Guard to spouses, children, and relatives back home. The Flat Daddies ride in cars, sit at the dinner table, visit the dentist, and even are brought to confession, according to their significant others on the home front.

*Source : Boston Globe **

Program Helps Wounded Vets Find New Jobs

Severely injured servicemembers and their spouses are seeing doors open to meaningful civilian careers, thanks to a partnership between the Defense Department and the private sector.

*Source : Blackanthem.com **

Study: Storm survivors find will to live

In a testament to the resilience of the human spirit, a new survey reveals that the traumatized survivors of Hurricane Katrina forged a surprisingly powerful inner strength that steered them against suicidal despair. The study is the most elaborate post-storm survey yet. It shows that while the survivors suffered twice as much mental illness as the pre-storm population, they contemplated suicide far less often than mentally ill people surveyed before Katrina.

*Source : USA Today **

Japanese med students shadow doctors at Misawa
Program exposes students to different attitude toward care

In just less than two weeks, fifth-year medical student Chihiro Nakazawa has shadowed specialists in orthopedics, general surgery and anesthesia, and she's even observed her first baby delivery during a summer internship at the Misawa base hospital.

*Source : Stars and Stripes **

Deployment Cycle Support (DCS)

Scenario - 12 May 03



Personnel and situation:

♠ **SSG Ira Freedom**

- 29 y/o male stationed at Ft Carson
- Married, wife (Patience), 8 y/o son, 4 y/o daughter
- In SWA for 90 days
 - In Kuwait and Iraq as part of OEF and OIF
 - Saw 2 weeks in combat, including heavy resistance in Baghdad & urban warfare
 - No significant medical history prior to deployment
- Anticipates redeployment on 15 May

Deployment Cycle Support (DCS) Scenario - 12 May 03 (cont.)



- ♠ SSG Freedom's friends in Iraq
 - Formed bond due to similar history
 - **SSG Reserve**, a mobilized reservist
 - **Mr. Seville**, a deployed federal civil service employee
 - **Ms. Cross**, a Red Cross Volunteer
 - **Ed Itor**, an embedded journalist
 - All going back on 15 May
 - **SSG Natalie Guard**, a mobilized National Guard member and SSG Freedom's sister, currently deployed to Denver airport, will meet him when he returns



Redeployment

Task: In-Theater Medical Out-Processing

1. Task: In-Theater Medical Out-processing

- ♠ **When:** Within 30 days prior to redeployment
- ♠ **Who:** CFLCC (Coalition Forces Land Component Command) medical assets
 - Credentialed provider
- ♠ **Tools:**
 - DD Forms 2766, 2795, 2796
 - Paper, fillable PDF, and electronic
 - Medical threat debrief - on CHPPM and PDHealth.mil websites
 - Med threat info sheet - also on both websites
 - Medical prophylaxis - malaria, others
- ♠ **Aids:** Consult helpline, patient education materials, email CHPPM POC in-theater



Redeployment - Soldiers, Federal Personnel

Task: In-Theater Medical Out-

P

Medical Debrief	Soldier receives medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Soldier receives two medical threat tri-folds (one medical, one family – CHPPM website)
Soldier completes DD2796	Can fill in front sections independently or with assistance from medical screener
Medical exam	Face-to-face encounter with provider; review, complete 2796; document exposures, physical & mental concerns
Terminal Prophylaxis	Determine/provide malaria and other prophylaxis needs
Provider referrals	Determine and initiate referral to PCM for PDH-CPG based care
Document visit and sign DD 2796	ICD-9 Code V70.5_E and other codes as needed; provider signs completed DD2796
Integrate D2796	Deployable health record, DD2766, should be

Enhanced PDHA Process

www.PDHealth.mil



♦ Guidance for Completing DD Form 2796

♦ PDHA Policies & Directives

♦ Deployment Exposures Information

♦ Redeployment Briefing

♦ PDHA Training Videos

The purpose of this training module is to learn about the pre and post deployment health assessments and the role of the Pre-Deployment Health Assessment within the deployment readiness process. (Q) The role of the Pre-Deployment Health Assessment within the deployment process. (Q) The specific requirements of Reserve Component Release from Active Duty and (Q) The relationship between the Post-

COL Paula K. Underwood, MD, MPH
Preventive Medicine Staff Officer
Office of the Army Surgeon General

CO1: Paula K. Underwood
2 - Objectives
3 - Deployment Health Assessments Purpose
4 - Deployment Health Assessments Process
5 - Policies: Discrepancy of Treatment

DD Form 2796 - In accordance with regulation and policy, all deployment will complete the Post-Deployment Health Assessment (PDHA). The assessment by a trained physician, physician's assistant, nurse corpsman/medical technician or corpsman/medical technician is to review each service member's health psychosocial status, deployment, possible deployment-related health problems, and require use of supplemental referrals for medical concerns and referral needs to help resolve any possible concerns and refer to the completed DD Form 2796. The individual's permanent medical record (electronic) will be sent to the AMSA.

Serum Sample - In addition to each individual being demobilized site or hospital Serum Repository.

TB Screening - Personnel require TB screening based on specific policies.

Malaria Chemoprophylaxis - taking malaria chemoprophylaxis evaluated for terminal malaria in accordance with Service Serum Repository.

Redeployment Briefing - significant health events conducted before redeployment.

DEET Insect Repellent

DD Form 2796 Primer: Post-Deployment Health Assessment (PDHA)

Each re-deploying service member must complete a Post-Deployment Health Assessment using the revised Post-Deployment Health Assessment Form (DD 2796). Completion of the DD 2796 is a key component of the Pre-Deployment Health Assessment (PDHA) process. The PDHA is designed to determine the individual's health status and concerns at deployment. The screening is also used to document health events and enhance future force health.

- DD 2796 is mandatory for re-deploying military personnel from every Service, including Reserve Component personnel.
- A credentialed health care provider must work with and discuss the form during the face-to-face post-deployment health assessment interview. There are no self-administered forms.
- DD 2796 is to be completed within 15 days before or after redeployment.
- If it is not possible to be completed within 15 days before or after redeployment, the form must be completed, processed, and filed in the permanent medical record within 30 days of the member's return.

Form Completion Roles and Responsibilities

Military Medical Personnel - responsible for completing the medical history and Health Assessment sections on Pages 1-3 with assistance from the medical screener, if needed.
- Discrepancy includes identification information, Branch of Service, pay grade, and deployment location and dates.

Health Assessment - comprises 18 screens and major sections related to the current deployment.

Health Assessment Administrator - responsible for the Health Assessment administrator (See section on Page 1 and answer the questions. The administrator can be a medical technician, medic, or corporal. Positive responses to questions 2-4, 7-8 must be referred to a credentialed provider.

DHC Clinician Helpline: 1 (866) 559-1827 DSN 662-6063 www.PDHealth.mil
PDN-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Toolbox DD2796

DD Form 2796 Post-Deployment Health Assessment - Pages 1 & 2



POST-DEPLOYMENT Health Assessment
33348

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name _____ First Name _____ MI _____

Name of Your Unit or Ship during this Deployment _____

Gender	Service Branch	Component
<input type="radio"/> Male	<input type="radio"/> Air Force	<input type="radio"/> Active Duty
<input type="radio"/> Female	<input type="radio"/> Army	<input type="radio"/> National Guard
	<input type="radio"/> Coast Guard	<input type="radio"/> Reserves
	<input type="radio"/> Marine Corps	<input type="radio"/> Civilian Government Employee
	<input type="radio"/> Navy	
	<input type="radio"/> Other	

Location of Operation		
<input type="radio"/> Europe	<input type="radio"/> Australia	<input type="radio"/> South America
<input type="radio"/> SW Asia	<input type="radio"/> Africa	<input type="radio"/> North America
<input type="radio"/> SE Asia	<input type="radio"/> Central America	<input type="radio"/> Other _____
<input type="radio"/> Asia (Other)	<input type="radio"/> Unknown	

To what areas were you mainly deployed:
(mark all that apply - list where/date arrived)

<input type="radio"/> Kuwait	<input type="radio"/> Iraq
<input type="radio"/> Qatar	<input type="radio"/> Turkey
<input type="radio"/> Afghanistan	<input type="radio"/> Uzbekistan
<input type="radio"/> Bosnia	<input type="radio"/> Kosovo
<input type="radio"/> On a ship	<input type="radio"/> CONUS
	<input type="radio"/> Other _____

Name of Operation: _____

Occupational specialty during this deployment
(MOS, NEC or AFSC) _____

Combat specialty: _____

Administrator Use Only
Indicate the status of each of the following:
Yes No N/A

- Medical threat debriefing completed
- Medical information sheet distributed
- Post Deployment serum specimen collected

33348

Reset

DD FORM 2796, APR 2003

PREVIOUS EDITION IS OBSOLETE.

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Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

Health stayed about the same or got better
 Health got worse

2. How many times were you seen in sick call during this deployment? _____
No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?

No
 Yes, reason/dates: _____

4. Did you receive any vaccinations just before or during this deployment?

Smallpox (leaves a scar on the arm)
 Anthrax
 Botulism
 Typhoid
 Meningooccal
 Other, list: _____
 Don't know
 None

5. Did you take any of the following medications during this deployment?
(mark all that apply)

PB (pyridostigmine bromide) nerve agent pill
 Mark-1 antidote kit
 Anti-malaria pills
 Pills to stay awake, such as dexedrine
 Other, please list: _____
 Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now	No	Yes During	Yes Now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chest pain or pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dizziness, fainting, light headedness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty breathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Still feeling tired after sleeping
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty remembering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Diarrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Frequent indigestion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Vomiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Ringing of the ears
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Skin diseases or rashes			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Redness of eyes with tearing			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dimming of vision, like the lights were going out			

7. Did you see anyone wounded, killed or dead during this deployment?
(mark all that apply)

No Yes - coalition Yes - enemy Yes - civilian

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

No Yes

8. Were you engaged in direct combat where you discharged your weapon?

No Yes (land sea air)

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None	Some	A Lot
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Little interest or pleasure in doing things
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Feeling down, depressed, or hopeless
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Thoughts that you would be better off dead or hurting yourself in some way

9. During this deployment, did you ever feel that you were in great danger of being killed?

No Yes

DD FORM 2796, APR 2003

Reset



PREVIOUS EDITION IS OBSOLETE.

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DD Form 2796 Post-Deployment Health Assessment - Pages 3 & 4



12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

- | No | Yes |
|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> Have had any nightmares about it or thought about it when you did not want to? |
| <input type="radio"/> | <input type="radio"/> Tried hard not to think about it or went out of your way to avoid situations that remind you of it? |
| <input type="radio"/> | <input type="radio"/> Were constantly on guard, watchful, or easily startled? |
| <input type="radio"/> | <input type="radio"/> Felt numb or detached from others, activities, or your surroundings? |

15. On how many days did you wear your MOPP over garments?

--	--

No. of days

13. Are you having thoughts or concerns that ...

No Yes Unsure

- | | |
|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> You may have serious conflicts with your spouse, family members, or close friends? |
| <input type="radio"/> | <input type="radio"/> You might hurt or lose control with someone? |

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

--	--

No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

- No Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

- No Don't know
 Yes, explain with date and location

14. While you were deployed, were you exposed to:
(mark all that apply)

- | No | Sometimes | Often |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> DEET insect repellent applied to skin |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Pesticide-treated uniforms |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Environmental pesticides (like area fogging) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Flea or tick collars |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Pesticide strips |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Smoke from oil fire |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Smoke from burning trash or faeces |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Vehicle or truck exhaust fumes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Tent heater smoke |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> JP8 or other fuels |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Fog oils (smoke screen) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Solvents |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Paints |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Ionizing radiation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Radar/microwaves |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Lasers |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Loud noises |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Excessive vibration |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Industrial pollution |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Sand/dust |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Depleted Uranium (If yes, explain) _____ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other exposures _____ |

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #

 -

 -

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

- Would you say your health in general is: Excellent Very Good Good Fair Poor
- Do you have any medical or dental problems that developed during this deployment? Yes No
- Are you currently on a profile or light duty? Yes No
- During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? Yes No
- Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? Please list concerns: _____

- Do you currently have any questions or concerns about your health? Yes No

Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- | | |
|---|-------------------------------------|
| <input type="radio"/> None | <input type="radio"/> GI |
| <input type="radio"/> Cardiac | <input type="radio"/> GU |
| <input type="radio"/> Combat/Operational Stress Reaction | <input type="radio"/> GYN |
| <input type="radio"/> Dental | <input type="radio"/> Mental Health |
| <input type="radio"/> Dermatologic | <input type="radio"/> Neurologic |
| <input type="radio"/> ENT | <input type="radio"/> Orthopedic |
| <input type="radio"/> Eye | <input type="radio"/> Pregnancy |
| <input type="radio"/> Family Problems | <input type="radio"/> Pulmonary |
| <input type="radio"/> Fatigue, Malaise, Multisystem complaint | <input type="radio"/> Other _____ |
| <input type="radio"/> Audiology | |

EXPOSURE CONCERN(S) (During deployment):

I certify that this review process has been completed.
 Provider's signature and stamp:

This visit is coded by V70.5 _ _ 6

Date (dd/mm/yyyy)

 /

 /

End of Health Review

ASD(HA) APPROVED

Reset	
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Mental Health Items (DD2796)



Additional clarification of history directed by the screening provider's clinical suspicion is mandated for anyone who reports:

- A desire for assistance (**item 10**)
- ANY concerns about self-harm (**item 11c**)
- “A LOT” to any of the other depression screening items (**item 11**)
- Two or more of the acute stress disorder/post-traumatic stress disorder screening items (**item 12**) OR
- ANY concerns over loss of control (**item 13b**)



Redeployment - Soldiers, Federal Personnel

Task: In-Theater Medical Out-

P

Medical Debrief	Soldier receives medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Soldier receives two medical threat tri-folds (one medical, one family – CHPPM website)
Soldier completes DD2796	Can fill in front sections independently or with assistance from medical screener
Medical exam	Face-to-face encounter with provider; review, complete 2796; document exposures, physical & mental concerns
Terminal Prophylaxis	Determine/provide malaria and other prophylaxis needs
Provider referrals	Determine and initiate referral to PCM for PDH-CPG based care
Document visit and sign DD2796	ICD-9 Code V70.5_E and other codes as needed; provider signs completed DD2796
Integrate DD2796	Deployable health record, DD2766, should be

Redeployment - Soldiers and Civil Service

Task: Home Station/Demob Medical

Processing

16 May, Day of Return



2. Task: Home Station Medical Processing

- ♠ **When:** Within 30 days post redeployment
- ♠ **Who:** Credentialed provider – Homer Station, MD
 - Assistance – LPN Grace, contract screener, or SSG Whiskey

♦ Tools:

- DD Forms 2766, 2796, 2795, SF600 with stamp, Medical Record, CHCS pick list
- Medical threat debriefing - on CHPPM and PDHealth.mil websites
- Medical threat information sheet - also on website
- Medical prophylaxis – malaria, others

♦ Aids: Toll-free help line numbers

- ♠ Medical consult helpline 1-866-559-1627
- ♠ Patient education helpline - especially helpful for



Redeployment - Soldiers and Civil Service

Task: Home Station/Demob Medical

P

Medical Debrief	Ensure soldier has received medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Ensure soldier received two medical threat tri-folds (one medical, one family – CHPPM website)
Review medical documentation	Review documents with soldier; has the DD2796 been completed and signed and inserted into DD2766?
Medical exam with provider, as needed	If DD2796 is not completed or present: Face-to-face encounter; review/complete DD2796; document exposures, physical & mental concerns; code V70.5_E and other codes as needed; sign
Terminal Prophylaxis	If not completed in theater: Determine/provide malaria and other prophylaxis needs
Blood and TB	Blood sample taken for HIV and Serum Repository; TB/PPD immediately and again 90 days post-deployment
Provider referrals	For all: Determine need from documentation or exam; ensure referral to PCM for PDH-CPG based care
Integrate DD2796 and DD2766	Integrate all deployment health documents into permanent medical record: mail copy or send



Redeployment - Reserve Component

~~Task: Additional RC Medical~~

P	Medical benefit/ entitlement benefit	Ensure each RC soldier receives medical benefit/entitlement brief on www.pdhealth.mil/reservist/personnel and (http://www.defenselink.mil/ra/documents/family/demob.ppt)
	Soldier completes DD Form 2697	All personnel released from AD (REFRAD) must complete MEDICAL ASSESSMENT, DD2697 (on PDHealth.mil website)
	Health Record Review	Provider reviews DD 2697 and other documentation to identify health problems that require additional follow-up
	Soldier must actively decline medical exam	Physical exam is part of DD2697; default is do the exam unless soldier declines
	Complete routine demob medical processing	Complete medical processing as in AD scenario; refer to PCM as needed for PDH-CPG-based follow-up
	LOD required	Determine if Line of Duty (LOD) determination is required; initiate LOD as needed
	ADME requirement	Determine if Active Duty Medical Extension is required

Redeployment NGO and Civilian, Non-Government Personnel



♠ Contractors – non-federal workers

- Covered under health insurance of their contracting company; occupational medicine and PM only if part of contract
- Private and network health care providers can get information about guideline-based care through help-line and website
 - Also TRICARE network and VA providers can access info

♠ NGO Personnel Policies

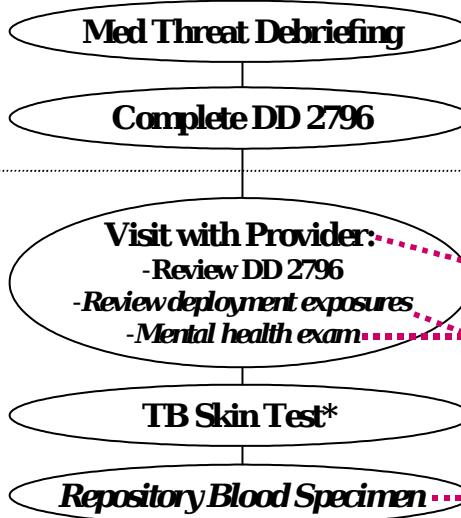
- Red Cross, USO, and other non-government personnel are not included in the demobilization, medical processing, or follow-up medical care
- Can be exceptions with Secretary of the Army designee status

♠ Embedded journalists

- A new population
- Not a military health care beneficiary group

Medical Screening for Redeploying Soldiers

*In
Theater*

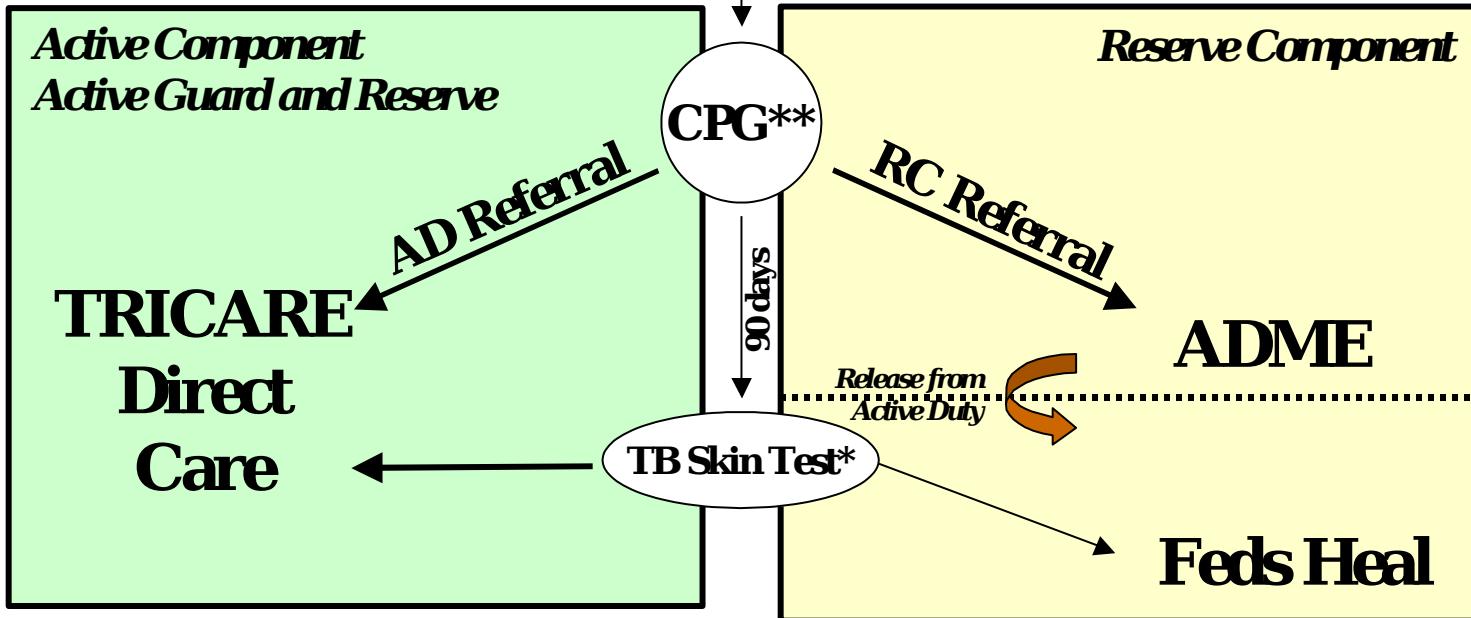


Redeploy

Provider = Physician, PA, or Nurse Practitioner

Specific issues the Provider must review in addition to reviewing the DD 2796

Blood specimen required for all personnel



**Clinical Practice Guideline
4 Apr 03

*Two visits, 48-72 hours apart

UNCLASSIFIED

Redeployment

Task: Primary Care PDH-CPG DD 2796

Follow-up



3. Task: Primary Care PDH-CPG DD 2796 Follow-up

- ♠ **When:** Should follow ASAP from ID during demob process
 - Recommend NLT 7 days of reintegration, may need immediate
 - Sick call vs. appointment process for large groups
- ♠ **Who:**
 - Receptionist - Harmony
 - Medical screener/LPN: SSG Whiskey or LPN Grace
 - Primary Care Manager – Dr. Station
- ♠ **Tools:**
 - SF600 with screening question or stamp
 - Toolbox PDH Clinic Visit Desk Reference Card
 - DD Form 2844 (optional)
- ♠ **Aids:**
 - Web site and algorithms; ENVITE mnemonic
 - Prior training and role play of situations

Toolbox Reference Cards

PDH Clinic Visit



♠ Provides **guidance for training screeners** about the deployment-related question

- How to ask the question
- Emphasizes that deployment is not necessary to have PDH concerns
- How to respond to patients' questions

PDH Concerns Clinic Visit Guidance

How to ask the question: "Is your health concern today related to a deployment?"

Focus on chief complaint rather than if patient has any PDH complaints

Deployment is not necessary for patient to have PDH concerns

- Spouse or child may have concern related to sponsor's recent deployment
- Patient may have questions about future or past deployments
- Ask this question whether patient is active duty, retired, family member, veteran, deployed or non-deployed

How to respond to patients questions

- 1) "What do you mean?" or "What do you mean, deployment-related?"
Goal is to record patient's perception of deployment-relatedness not your own
 - To help patient answer, ask if patient or a loved one has been deployed.
If so, is today's visit related to that deployment
 - Review examples of deployment concern or condition (see reverse)
- 2) "What Is deployment?" Avoid narrow definitions of deployment. Offer a few examples (see reverse), and return to the question: "Do you feel your health concern today is related to deployment?"
- 3) "I don't know"
 - When in doubt

PDH Concerns Clinic Visit Guidance (Side Two)

Deployment Examples

Overseas Deployment	Within the US
<ul style="list-style-type: none">• Military liaison and training support• Humanitarian assistance• Low-intensity conflict• Peacekeeping• Joint or coalition force exercises• Combat/War	<ul style="list-style-type: none">• Fighting forest fires• Maintaining civil order• Construction projects• Providing disaster relief• Responding to terrorist attack• Drug interdiction• Airport security

Deployment-Related Concern or Condition Examples

- Deployed man twists his ankle; injury persists after returning home
- Post-deployed woman blood-donor expresses concern about donating
- Although not deployed, man is concerned about effects of vaccine
- Spouse complains of rash after washing clothes worn by member while deployed
- While deployed, woman suffers a toxic exposure and later gets sick from it
- Spouse complains that her child is having nightmares since member returned from combat



DD Form 2844 - Post Deployment Medical Assessment Form and Primer





- ♦ Used in place of SF 600 for documenting post-deployment evaluation
- ♦ Form available and can be completed on line at www.PDHealth.mil

<p>DD Form 2844 Primer (Side Two)</p> <p>Form Structure and Completion Roles and Responsibilities (Cont.)</p> <ul style="list-style-type: none"> • Section I—Medical History, Assessment, Diagnosis and Treatment (Items 20-29) health care provider or screener and completes: <ul style="list-style-type: none"> - Part A—History of Present Illness - Part B—Directed Physical Exam - Part C—Diagnosis - May include information from other completed questionnaires, for example: <ul style="list-style-type: none"> • PTSD Checklist (PCL) • Patient Health Questionnaire (PHQ) • Other (e.g., SF-36) • Post-Deployment Health Clinical Assessment Tool (PD-CAT) <p>Form Processing</p> <ul style="list-style-type: none"> • The health care provider should facilitate appropriate referrals and follow-up based on response. • Original DD 2844 form should be placed in the patient's permanent medical record. <p>Follow-up and Ongoing Care</p> <ul style="list-style-type: none"> • All military health system beneficiaries with health concerns they believe are deployment-related or persistent, are encouraged to seek medical care. • Patients should be asked, "Is your health concern today related to a deployment?" care visits. • If the patient replies "yes," the provider should follow the Post-Deployment Health Clinical Form (PD-HCF) available through the DHIC and www.PDHHealth.mil <p style="text-align: center;">DHIC Clinicians Helpline: 1-866-559-1627 DSN: 662-6563 www.PDHHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003</p>	<p style="text-align: right;">DD Form 2844 Primer</p> <p>Post-Deployment Medical Assessment</p> <p>The Post-Deployment Medical Assessment Form (DD 2844) is a voluntary form used for patients presenting with post-deployment health care concerns in a primary care setting. The form facilitates outpatient treatment documentation by annotating key aspects in the assessment, management, and treatment of patients with deployment-related health concerns.</p> <ul style="list-style-type: none"> • DD 2844 may be used in lieu of SF 600 only for patients with deployment-related health concerns • DD 2844 does not take the place of the DD 2796 (See DO 2796 Primer) • DD 2844 use is determined by Service-specific and local clinic policy <p>Form Structure and Completion Roles and Responsibilities</p> <ul style="list-style-type: none"> • Section I—Patient Vital Signs (Items 1-9) is completed by the health care provider or screener and contains vital signs, demographics, tobacco use, allergies, and work status and duty info. • Section II—Patient Information (Items 14-19) is completed by the patient or health care provider or screener from patient responses and comprises patient symptoms, deployment history, concerns, medication and immunizations, additional demographics, and privacy statement and signatures <p style="text-align: right;">DHIC Clinicians Helpline: 1-866-559-1627 DSN: 662-6563 www.PDHHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003</p>
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Redeployment

Task: Primary Care PDH-CPG DD 2796



Follow-up (cont.)

3. Process: Primary Care PDH-CPG DD 2796 Follow-up

- ♠ SSG Freedom reports, as instructed, to PC on 17 May
 - Persistent cough, congestion; fears SARS (Severe Acute Respiratory Syndrome)
- ♠ SSG Guard reports to PC on same day, with same sx, concerned because of work at the airport
- ♠ Greeted courteously by Receptionist, Harmony
 - Vignette

Redeployment

Task: Primary Care PDH-CPG DD 2796

Follow-up (cont.)



3. Process: Primary Care PDH-CPG DD 2796 Follow-up

- ♠ **Medical screener/LPN:** SSG Whiskey or LPN Grace
 - Asks deployment-related “vital sign”
 - “Is your problem today related to a deployment?”
 - Marks “yes” in AHLTA or on stamped or pre-printed SF600
 - Alerts provider to “yes” response
 - Original DD Form 2796 in permanent medical record
 - Color coded forms or folders have been used
 - DD Form 2844 on follow-up appointment

Redeployment

Task: Primary Care PDH-CPG DD 2796

Follow-up (cont.)



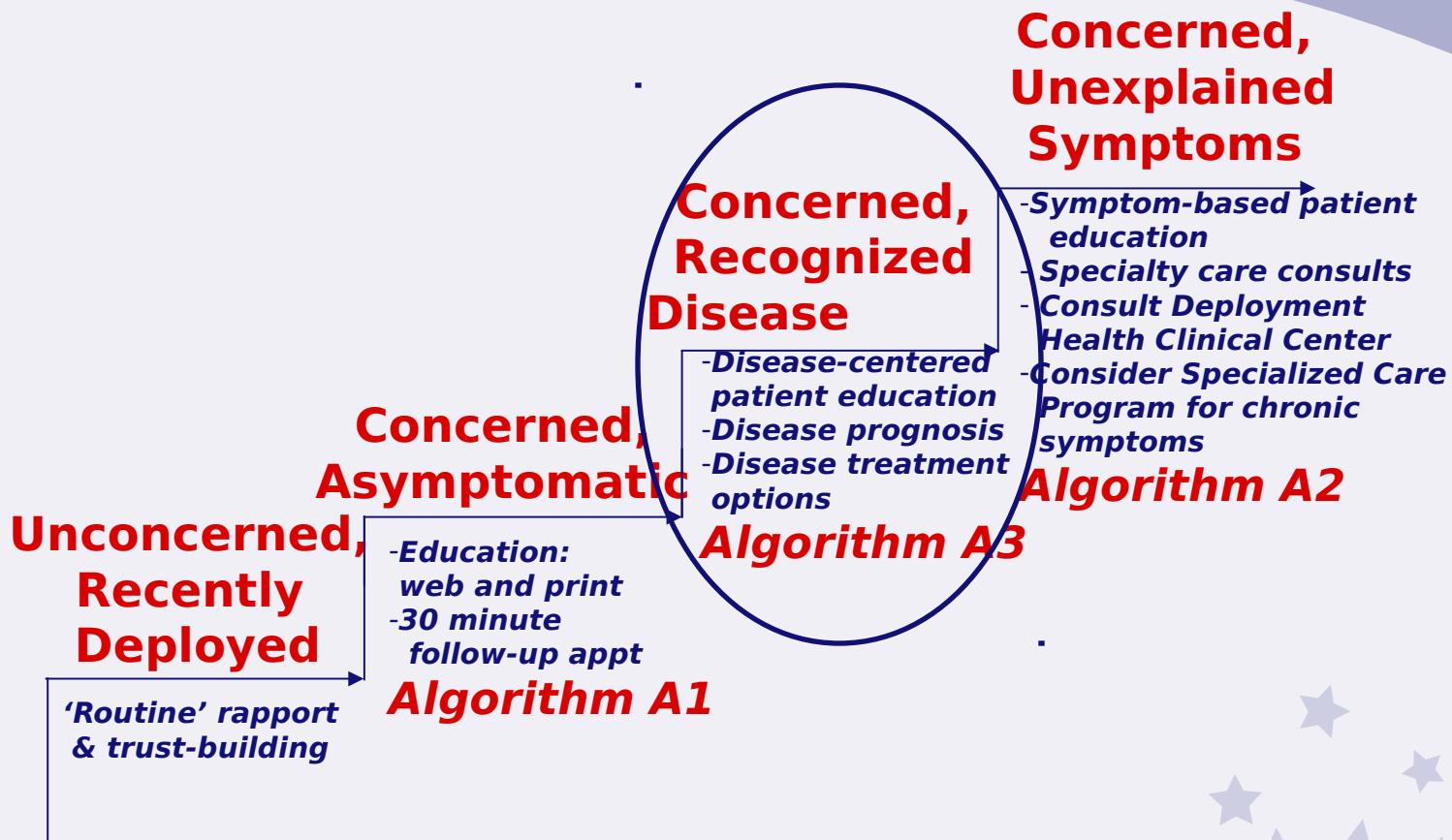
3. Process: Primary Care PDH-CPG DD 2796 Follow-up

♦ Provider – Dr. Station

- Acknowledges that visit is deployment-related
 - Reinforces follow-up from DD2796 instructions
 - Express appreciation for service & compassion for concerns
 - Stepped-risk communication model (see guideline)
 - ENVITE mnemonic for risk communication
 - Info on deployment risks (see PDHealth.mil web site)
 - Risk communication takes place throughout encounter, not just at end
- Reviews DD2796 (and DD2844 on follow-up visit)
- Evaluates chief complaint – identifies established diagnosis
 - Viral respiratory infection (not consistent with SARS)

Stepped Risk Communication

Recognized Disease



Redeployment

Task: Primary Care PDH-CPG DD 2796

Follow-up (cont.)



3. Process: Primary Care PDH-CPG DD 2796 Follow-up

♠ Provider – Dr. Station

- Documents disease-specific diagnosis as primary code
- Documents post-deployment-related visit as secondary code – V70.5_6
- Establishes follow-up appointment both IAW disease specific guideline and for PDH concern (30 minute PDH appt where DD Form 2844 is used)
- Prior to follow-up: Researches if SARS was a potential exposure in area of operations or during return trip for discussion in follow-up

Redeployment

Task: Primary Care PDH-CPG DD 2796

Follow-up (cont.)



3. **Process:** Primary Care PDH-CPG DD 2796 Follow-up

- ♠ Case Management Function
 - Adds PDH-CPG Patient to the tracking database
 - Ensures follow-up made
 - Provides additional patient educational materials, as requested by patient/provider
 - Quality controls coding

Redeployment

Task: Primary Care PDH-CPG

Definitive Diagnosis



3. Definitive Dx – Family Member – 15 Jun 03

- ♠ Patience Freedom brings 8 y/o son, Butch, to PC
 - Describes conflict with dad since return from Iraq; son getting into fights at school
- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
- ♠ Provider recognizes deployment-related nature
- ♠ Provide effective risk communication
- ♠ Refer to Behavioral Health provider
- ♠ Document family problem V-code and deployment V-code
- ♠ Follow-up, track, and manage case

Redeployment

Task: Primary Care PDH-CPG

Definitive Diagnosis (cont.)



3. Definitive Dx – Family Member

- ♠ Key points to remember
- ♠ Deployment-related problems not limited to service members or adults
 - Can be spouse, child, or retiree
 - Family affected by stress and also can be exposed to contaminants, bacteria, etc. brought back by soldier
- ♠ Process remains the same



Redeployment

Task: Primary Care PDH-CPG

Definitive Diagnosis (cont.)



3. Definitive Dx – Key Points

- ♠ Ensure risk communication in clinic contacts
- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
- ♠ Provider recognizes deployment-related nature
- ♠ Triage: Identify definitive diagnosis
- ♠ Provide effective risk communication
- ♠ Document disease diagnosis code and deployment V-code
- ♠ Follow-up, track, and manage case

ICD-9 Coding for Identifiable Disease

Disease Code

plus

V70.5_6

**Post-Deployment-Related
Visit Code**



Asymptomatic Patient with Health Concerns



- ♠ Expresses a health concern, but does not exhibit or describe any discernable illness or injury
- ♠ Concerns related to
 - Illness
 - Vaccine or anticipated vaccine or meds
 - Exposure or anticipated exposure
 - An experience
 - News media coverage, internet, etc.
- ♠ Can be service member or family member
- ♠ Legitimate health care visit



Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned

(cont.)

4. Post-Deployment Presentation – 30 Jun 03

- ♠ SSG Freedom presents to clinic
 - Describes concerns about DU, read article in paper
 - Saw armored vehicle blown-up, no wounds
 - Note on wounded processes
- ♠ **Tools:**
 - SF600 screening question
 - Toolbox Desk Reference Cards
 - DD Form 2844 on follow-up visit
- ♠ **Aids:**
 - Fact Sheets
 - PDHealth.mil web site and DHCC Deployment Health Daily News
 - Provider help-line 1-866-559-1627



Post-Deployment

Task: Primary Care PDH-CPG Eval and

Treatment Asymptomatic Concerned

(cont.)

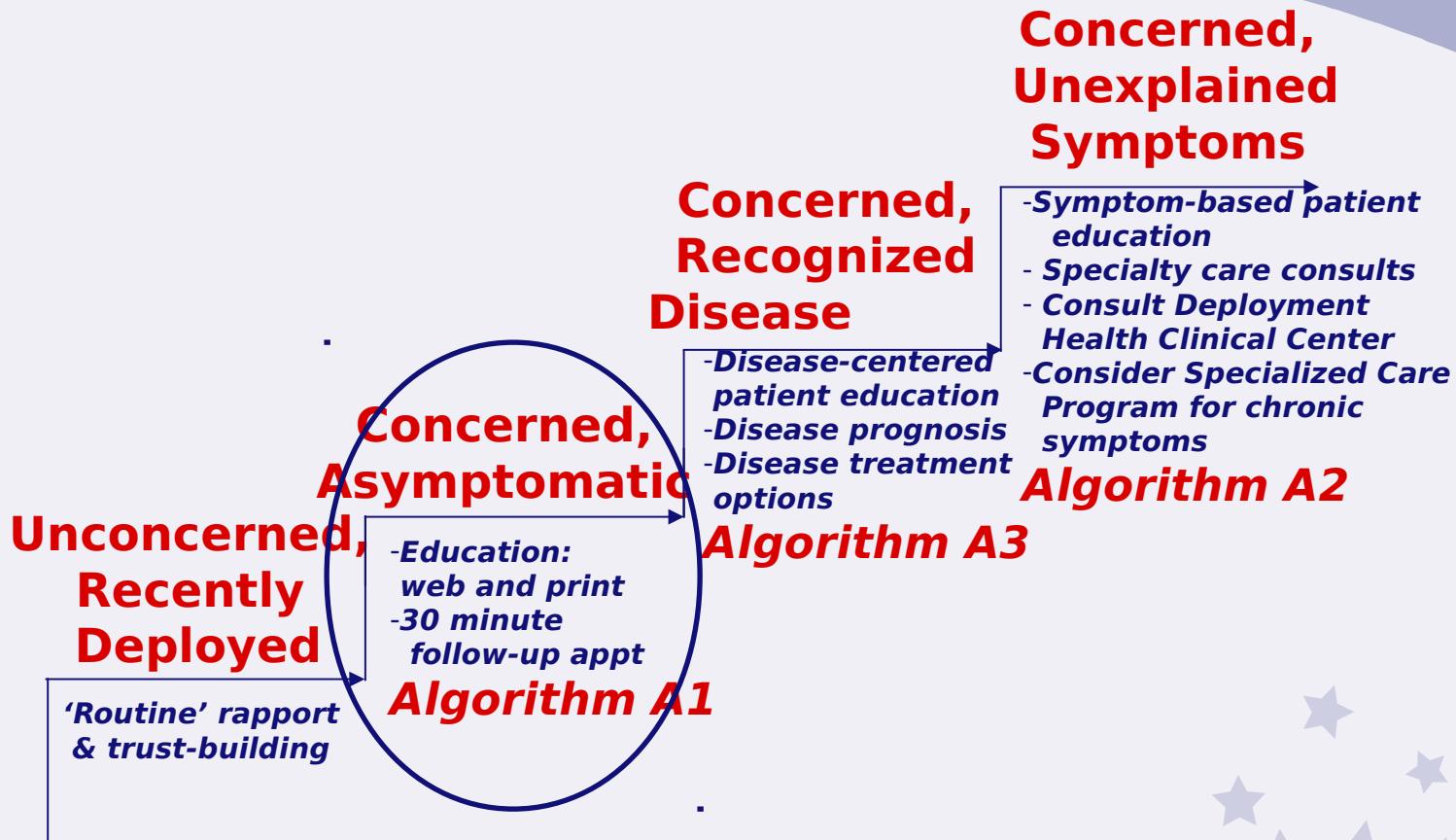
4. Post-Deployment, Asymptomatic Concerned

♦ Process

- SSG Whiskey/LPN Grace asks deployment-related screening question
- Records “yes”, alerts provider to deployment-related visit
- Provider expresses recognition to patient that the visit is deployment-related and reinforce decision to make a health care visit to discuss
- Employs risk communication through stepped-care algorithm and ENVITE reminder

Stepped Risk Communication

Asymptomatic Concerned



Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned (cont.)

4. Summary – Asymptomatic Concerned Key Points

- ♠ Ensure risk communication in clinic contacts
- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
- ♠ Provider recognizes deployment-related nature
- ♠ Triage: Identify Asymptomatic Concerned
- ♠ Provide effective risk communication
- ♠ Document patient education
- ♠ Code: V65.5 and V70.5_6
- ♠ Research and 30 minute follow-up
- ♠ Follow-up, track, and manage case

ICD-9 Coding for Asymptomatic Concerned

V65.5

plus

V70.5_6

**Post-Deployment-Related
Visit Code**



Medically Unexplained Symptoms (MUS)



Physical symptoms that provoke care-seeking, but have no clinically determined pathogenesis after an appropriately thorough diagnostic evaluation.”



Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment MUS

5. Post-Deployment Presentation - 15 Sept 03

- ♠ SSG Freedom presents to clinic
 - Describes fatigue, headache, can't sleep, episodic rash
 - Symptoms on and off since return from Iraq

♠ Tools:

- SF600 screening question
- Toolbox Desk Reference Cards
- DD Form 2844 on initial follow-up visit
- Assessment and outcome instruments
 - SF36, PHQ, PDCAT

♠ Aids:

- PDHealth.mil web site
- Provider help-line 1-866-559-1627

Assessment and Outcome Tools



♦ SF-36v2 - Health Survey

- Short measure of health-related quality of life

SF-36v2

SF-36v2 Health Survey

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: [Click on the circle that best describes your answer.]

Excellent C	Very Good C	Good C	Fair C	Poor C
----------------	----------------	-----------	-----------	-----------

2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago C	Somewhat better	About the same	Somewhat worse	Much worse
--	-----------------	-------------------	----------------	------------

3. The following questions are about activities:

a. Vigorous Activities, such as running
b. Moderate Activities, such as mowing
c. Lifting or carrying groceries
d. Climbing several flights of stairs
e. Climbing one flight of stairs
f. Bending, kneeling, or stooping
g. Walking several hundred yards
h. Walking one hundred yards
i. Bathing or dressing yourself

4. During the past 4 weeks, how much of the time have you been bothered by any of the following problems?

Name _____ Age _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Today's Date _____	Not bothered	Bothered a little	Bothered a lot
--	--------------	-------------------	----------------

a. Stomach pain
b. Headache
c. Pain in your arms, legs, or joints (knees, hips)
d. Mental cramps or other problems with your mind
e. Pain or problems during sexual intercourse
f. Back pain
g. Chest pain
h. Dizziness
i. Fainting spells
j. Feeling your heart pound or race
k. Shortness of breath
l. Constipation, loose bowels, or diarrhea
m. Nausea, gas, or indigestion

Patient Health Questionnaire™ (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are asked to skip any question.

Name _____ Age _____ Sex: Female Male Today's Date _____

1. During the last 4 weeks, how much have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things
b. Feeling down, depressed, or hopeless
c. Trouble falling or staying asleep, or sleeping too much
d. Feeling tired or having little energy
e. Poor appetite or overeating
f. Feeling bad about yourself, or that you are a burden to your family or friends
g. Trouble concentrating on things, such as reading books or watching TV
h. Moving or speaking so slowly that other people notice it — being so fatigued or run-down that it seems like you have not slept enough
i. Thinking that you would be better off dead or way

For provider use only

Intake 3Mo Fu 6Mo Fu

Post Deployment Clinical Assessment Tool

PRIVACY ACT STATEMENT – Post Deployment Clinical Assessment Tool

AUTHORITY: 5 U.S.C. 301; and Executive Order 13397

PRINCIPAL PURPOSE: The Post Deployment Clinical Assessment Tool (PDCAT) is being administered to assist in providing appropriate care for your family in relation to deployment and to evaluate their health. This tool will also assist in planning to provide better care to our beneficiaries in the future. The PDCAT will be used by your health-care manager in coordination with your primary care manager to tailor optimum care for you.

ROUTINE USES: None

DISCLOSURE: Voluntary. Failure to respond will not result in any penalty. However, maximum participation is encouraged so that data will be complete and representative. Your PDCAT form will be treated as confidential.

I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.

Print Name _____

Signature _____

PRIVACY ACT STATEMENT

Date Completed _____
year / month / day

Patient Identification

Version 7/2008

1 PDCAT

♦ PHQ - Patient Health Questionnaire

- Screens and monitors status of common health conditions

♦ PDCAT - Post Deployment Health Clinical Assessment Tool

- Measures certain aspects of physical and mental health

PDCAT
Forms and primers on www.PDHealth.org



Post-Deployment

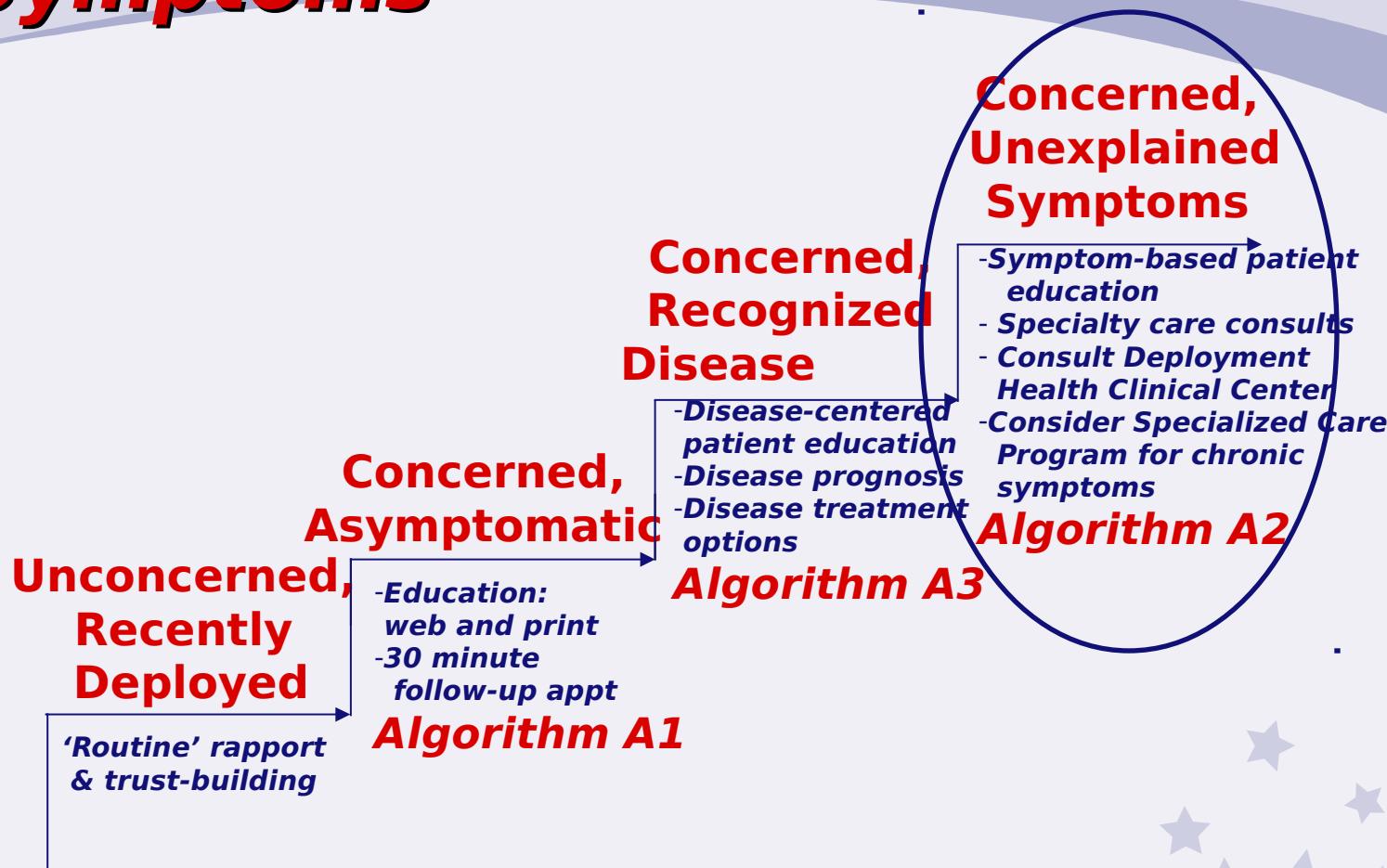
Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)

5. Process: Medically Unexplained Symptoms

- ♠ Ask screening question – document – alert provider – recognize deployment-related
- ♠ Use DD Form 2844 to capture more thorough history
- ♠ Conduct clinical assessment
- ♠ Administer functional assessment and outcome measure
- ♠ Use effective risk communication and patient education materials

Stepped Risk Communication

Medically Unexplained Symptoms



Medically Unexplained Symptoms Resources



For Clinicians - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://www.pdhealth.mil/clinicians/mus.asp

Y! Search Web My Web Mail My Yahoo Game Home Advanced Search Search

DHCC DEPLOYMENT HEALTH CLINICAL CENTER

Guidelines

Medically Unexplained Symptoms

Background

Medically Unexplained Symptoms (MUS), Medically Unexplained Physical Symptoms (MUPS) or Unexplained Symptoms are the terms used to describe symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing. Patients are often given multiple labels that lack a well-defined disease explanation. Usual clinical features include a relative lack of objective signs and a chronic symptom course often marked by exacerbations, remissions, and recurrences. Therefore, clinical management must be based largely upon patient report, rather than specific findings on clinical examination or diagnostic testing. A compassionate approach to patients with medically unexplained symptoms (MUS) is critical.

The Veterans Administration (VA) and Defense (DoD) have developed two guidelines to assist primary care clinicians manage patients with deployment-related MUS and MUPS:

- DoD/VA Post-Deployment Health Guideline (PDH-CPG), which includes an algorithm for evaluation.

Deployment Health Clinical Center

Medically Unexplained Symptoms

Provider Helpline: 1-866-559-1627
www.PDHealth.mil

Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)

COL Charles C. Engel, MD, MPH
Director, Deployment Health Clinical Center

COL Charles C. Engel, MD, MPH
Hello, I'm Colonel Charles Engel, the Director of the Deployment Health Clinical Center and an associate professor of psychiatry at the Uniformed Services University of the Health Sciences. Today I'm going to be talking with you about Medically Unexplained Symptoms or MUS and the VA/DoD Clinical Practice Guideline for Medically Unexplained Symptoms. The objectives for this presentation are to review the patient assessment process described in the DoD/VA Clinical Practice Guideline for

VA/DoD MUS CPG

VA/DoD CLINICAL PRACTICE GUIDELINE MANAGEMENT OF MEDICALLY UNEXPLAINED SYMPTOMS (MUS): CHRONIC PAIN & FATIGUE

A PATIENT WITH MEDICALLY UNEXPLAINED SYMPTOMS (MUS):

- Establish the history of symptoms
- Obtain a thorough medical history
- Minimize烈度
- Identify treatable conditions
- Determine if the patient has Chronic Illness (CMI) or cognitive dysfunction

Definition for CPS (Chronic Fatigue Syndrome):

Clinically evaluated, unexplained, persistent or relapsing fatigue that is not the result of ongoing exercise, is not relieved by rest, and causes substantial reduction in previous levels of occupational, educational, social, or personal activities.

Four or more of the following symptoms that persist or recur during six or more consecutive months of illness and do not produce the fatigue:

- Severe fatigue
- Self-reported impairment in short term memory or concentration
- Sore throat
- Tender cervical or axillary nodes
- Headaches
- Muscle or joint pain without evidence of swelling
- Disruption of sleep pattern (e.g., insomnia, frequent awakening, or early morning waking unrefreshed)
- Non-exertional malaise lasting >24 hours
- Recurrent nonfebrile constitutional symptoms in CFS/PM
- Gastrointestinal
- Musculoskeletal
- Psychiatric manifestations
- Sleep disturbances common in CFS
- Unresting fatigue that is characterized by:
 - Fatigue that is not relieved by rest
 - Frequent awakening
 - Headaches
 - Muscle or joint pain (e.g., myalgia)
 - Sleep Apnea (CTS) present if sleep apnea treatment does not remedy fatigue

HOW TO CHARACTERIZE SYMPTOMS

SYMPTOM	QUESTIONS
Duration	<ul style="list-style-type: none"> • How long has the symptom existed for? Is it acute, subacute, or chronic? • Is the symptom continuous or intermittent? • Is the symptom constant or fluctuating? • Is the symptom worse in the morning or evening?
Onset	<ul style="list-style-type: none"> • On what day did the symptom first appear? • Is the patient's usual activity level affected by the symptom? • Is the symptom associated with any other symptoms? • Is the symptom associated with any medications or treatments?
Severity	<ul style="list-style-type: none"> • Is the symptom mild, moderate, or severe? • Is the patient's usual activity level affected by the symptom? • Is the symptom associated with any other symptoms? • Is the symptom associated with any medications or treatments?
Associated symptoms	<ul style="list-style-type: none"> • What are the patient's complaints related to the symptom? • Is the patient's usual activity level affected by the symptom? • Is the symptom associated with any other symptoms? • Is the symptom associated with any medications or treatments?
Permeability	<ul style="list-style-type: none"> • The patient's usual activity level is affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom?
Interactivity	<ul style="list-style-type: none"> • Does the patient's usual activity level is affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom?
Precipitating factors	<ul style="list-style-type: none"> • The patient's usual activity level is affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom?
Paradoxical response	<ul style="list-style-type: none"> • The patient's usual activity level is affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom?
Paradoxical absence	<ul style="list-style-type: none"> • The patient's usual activity level is affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom? • Is the patient's usual activity level affected by the symptom?

ASSESSMENT AND DIAGNOSIS

Flowchart illustrating the assessment and diagnosis process for MUS, including initial evaluation, differential diagnosis, and treatment planning.

PDH-CPG Toolbox MUS Card

Medically Unexplained Symptoms

Medically Unexplained Symptoms (MUS) Guideline Key Elements

- Establish that the patient has MUS
- Obtain a thorough medical history, physical examination, and medical record review
- Minimize low yield diagnostic testing
- Identify treatable cause (conditions) for patient's symptoms
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptom clusters: Pain, fatigue, cognitive dysfunction, or sleep disturbance)
- Negotiate treatment options and establish collaboration with patient
- Provide appropriate patient and family education
- Maximize the use of non-pharmacologic therapies:
 - Graded aerobic exercise with close monitoring
 - Cognitive behavioral therapy (CBT)
- Empower patient to take an active role in his/her treatment

BATHE Technique: Provides a time-efficient way to address the impact of patient's symptoms on his/her level of function

Background: "What's going on in your life?"

Affect: "How do you feel about it?"

Trouble: "What troubles you the most about the situation?"

Handle: "What helps you handle that?"

Empathy: "This is a tough situation to be in. Anybody would feel (down, stressed, etc.). Your reaction makes sense to me."

Available on www.PDHealth.mil

Medically Unexplained Symptoms

Patient Education Brochures



Self Care of Medically Unexplained Symptoms

As a patient, you have a right and responsibility to be a partner in your care. Good partnerships start with good communication.

When you need to see your health care provider—

- Make an appointment as soon as possible. Some clinics have a walk-in option for urgent problems.
- State the reason for your visit and if you need more time than usual to discuss a problem.
- Say if you expect the doctor to see more than one family member to schedule appointments back to back.

If you think you have MUPS, have been deployed, and require further assistance, please contact the Deployment Health Clinical Center. There is a toll-free number to assist you: (866) 559-1827.

You can also visit the website at: <http://www.deploymenthealth.gov>

Other info:
U.S. I Service <http://help.hrsa.org>
Amer. Family <http://help.hrsa.org>
Natio. Hear <http://help.hrsa.org>
Natio. Heart <http://help.hrsa.org>
Genes <http://help.hrsa.org>/deploy

Medically Unexplained Physical Symptoms: MUPS

If you are reading this, it's most likely because a doctor has told you that he or she cannot explain one or more of your symptoms. Don't worry! It's difficult to have symptoms that others don't understand.

It's troubling not to know what's wrong with you.

It's frustrating to feel like you're not being heard.

It's embarrassing to see what's wrong with you.

It can make you seem to treat you making your symptoms worse.

This pamphlet is designed to help you understand these and other issues.

It will probably surprise you that having medical symptoms is not the same as having a disease. In fact, many people with symptoms. Most people, however, are not sick. They are acutely sick (like a cold or the flu), but they are not sick (like a headache or a rash).

What causes a skin rash?

A skin rash is an area of change in the color and texture of the skin. The location, shape, size, pattern and color of the rash is important. How it begins, and associated symptoms such as itching or fever, will help your health care provider determine the cause and treatment.

Digestive Problems

What are digestive problems?

Digestive problems are associated with the stomach and intestines. These include constipation, diarrhea, heartburn, nausea, vomiting, and abdominal pain. These symptoms are sometimes referred to as "gastrointestinal problems".

How do digestive problems affect me? If you have digestive problems, you may feel uncomfortable, tired, and unable to work or play. You may feel embarrassed about your symptoms. You may feel angry, frustrated, and depressed. These feelings may affect your ability to work, go to school, or enjoy your life.

When to seek medical help:

- Blood in your stool or in the stool after you have a bowel movement.
- A change in the shape of your stool.
- Green or yellow stools that are gray, sand-like, or watery.
- Diarrhea with abdominal pain or cramping.
- Sudden onset of abdominal pain or cramping.

Available from the
MEDCOM web site:
www.qmo.amedd.army.mil

Medically Unexplained Physical Symptoms (MUPS)

A Guide for Re-Deploying Service Members



Brought to you by
Deployment Health
Clinical Center



Available from
the
DHCC web site:
www.PDHealth.mil

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)

5. Process: Medically Unexplained Symptoms

- ♠ Refer to MUS-specific Clinical Practice Guideline
 - Also at www.PDHealth.mil, Supporting Guidelines
 - Additional guidelines: Depression, PTSD
- ♠ Consider specialty care and second opinions
- ♠ Always follow-up, even when referral to specialty care; case management
 - Case Management
 - 30-minute appt for patient education and RC
- ♠ Tele-consult DHCC
- ♠ For unresolved concerns: Consider referral to DHCC Specialized Care Program for rehabilitative care
- ♠ Don't forget to code: 799.89 (Ill-defined condition) plus

V70.5_6 Post-Deployment-related visit

DHCC Clinical Care

Specialized Care Programs

(SCP Tracks I and II)



- ♠ Intensive, **3-week, multidisciplinary, rehabilitative-program** for patients with deployment-related chronic illness
 - or Medically Unexplained Symptoms or post-operational stress
- ♠ Available to **all military members and family members** who
 - continue to have problems after going through PDH-CPG based
 - care at local MTF and meet admission criteria (e.g.,
 - Physical conditioning
 - ambulatory
 - capable of some exercise)
 - Counseling
 - Nutritional
 - Counseling
 - Occupational therapy
 - Relaxation training
 - Cognitive-behavioral therapy
 - Exposure therapy

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)



5. Summary - Medically Unexplained Symptoms

- ♠ Ask screening question – military vital sign
- ♠ Document screening response and alert provider
 - Use DD Form 2844
- ♠ Provider recognizes deployment-related nature
- ♠ Evaluate clinically – refer to MUS CPG
- ♠ Use assessment and outcome tools on pdhealth.mil
 - e.g., SF36, PHQ, PDCAT
- ♠ Provide effective risk communication
- ♠ Code: 799.89 and V70.5_6
- ♠ Research, 30 minute follow-up
- ♠ Consult: specialty care; DHCC phone consult; DHCC rehabilitative care for chronic MUS
- ♠ Follow-up, track, and manage case

ICD-9 Coding for Medically Unexplained Symptoms

799.89

plus

V70.5_ 6

**Post-Deployment-Related
Visit Code**

Note: ICD-9-CM Guidelines 2005 changed MUS code from 799.8 to 799.89

Pre-Deployment Phase of Cycle

Task: Primary Care PDH-CPG

Evaluation and Treatment



6. Pre-deployment - 1 Nov 03

- ♠ SSG Reserve is on reserve drill at Ft Carson; scheduled to be deployed again in 60 days
 - Reports to Primary Care; describes flashbacks of last combat, inability to sleep, intrusive thoughts of seeing friend killed in tank explosion, easily startled, drinking a lot lately
- ♠ **Tools:**
 - All previous PDH-CPG tools
 - PTSD screening scale (on web site)
 - Risk communication very important at this point
- ♠ **Process:** Follow Definitive Diagnosis Algorithm (A3)
 - Refer to VHA nearer to his home for treatment
- ♠ **Key:**
 - MUS is not the same as MH (mental health) concern
 - PDH-CPG applies throughout the Deployment Cycle
 - VA offers Reserve and Guard care 2 years post-deployment
 - Vet Centers available for family counseling

Post Traumatic Stress Disorder Checklists, Primer and CPG Resources on www.PDHealth.mil



♦ Post Traumatic Stress Disorder Checklists (PCL)

- Assesses trauma-related distress
- Self-administered
- 3 Versions
 - Civilian Version (PCL-C)
 - Military Version (PCL-M)
 - Stress Specific Version (PCL-S)

PCL (Side Two)

Are Results Valid and Reliable?

- Test results from veterans in Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC).

Who Completes the Form?

- Military personnel indicating potentially serious post-deployment health concerns on DD Forms 2789 or 2844 may benefit from further evaluation using the PCL.
- Patients can self-complete the PCL during primary care exams or other health care visits may benefit from further evaluation using the PCL.

What Additional Follow-up is Available?

- All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care.
- If the patient replies "yes" to "is your health concern today related to a deployment?" during all primary care visits
- If the patient replies "yes" - the provider should follow the Post-Deployment Health Clinical (PDHC) checklist and supporting guidelines available through the DHCC and www.PDHealth.mil

DHCC Deployment Health Clinical Center | 1 (866) 958-1627 | DSN 662-6663 | www.PDHealth.mil
DHCC/CPG Tool Kit Pocket Cards | Version 1.0 | December 2003

PCL: Post-Traumatic Stress Disorder (PTSD) Checklist

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the symptoms of PTSD as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
 1) PCL-M is specific to PTSD caused by military experiences
 2) PCL-C is applied generally to any traumatic event

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about the last month, questions may ask about "the past week" or be modified to focus on events specific to a deployment.

How is the PCL completed?

- The PCL is self-administered
- Patients are asked to report how much they have been bothered by a symptom over the past month using a 5-point (1-5) scale, circling their responses. Responses range from 1 (Not at All) – 5 (Extremely).

How Is the PCL Scored?

- Add up all items for a total severity score
- or
- Treat response categories 3-5 (Moderate or above) as symptomatic and responses 1-2 (below Moderate) as non-symptomatic; then use the following DSM criteria for a diagnosis:

- Symomatic response to at least 1 "B" item (Questions 1-5).
- Symomatic response to at least 3 "C" items (Questions 6-12), and
- Symomatic response to at least 2 "D" items (Questions 13-17).

DHCC Clinician Helpline: 1 (866) 958-1627 | DSN 662-6663 | www.PDHealth.mil
DHCC/CPG Tool Kit Pocket Cards | Version 1.0 | December 2003

PCL-M

Guidelines

POST TRAUMATIC STRESS DISORDER (PTSD)

Background

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Many people who experience or witness such events may have temporary difficulty sleeping, feel jumpy, or have bad memories, nightmares, or flashbacks when they are exposed to cues that remind them of the trauma. People with PTSD also experience avoidance of trauma-related thoughts and feelings, and irritability or outbursts of anger. Gastrointestinal distress, dizziness, chest pain, or fainting are common in people who have PTSD. Some people are common in people with PTSD.

PDH Guidelines

Interactive Guidelines

APPENDICES

Appendix 4:

PTSD CheckList – Military Version (PCL-M)

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF POST TRAUMATIC STRESS Core Module Summary

INITIAL EVALUATION AND TRIAGE

Primary Prevention

Educate and train providers to identify symptoms and resilience (A1)

Symptoms Presentation

Physical - chronic pain, fatigue, or vague somatic complaints; Cognitive - memory loss, NCO, anxiety, or depression; Emotional - avoidance, anger or irritability, emotional lability, hyperarousal behavior (HAB), guilt, shame, or fear in private; Cognitive in function

Symptoms Clusters

Re-experiencing symptoms, Images or perceptions of perceived threat, Hyperarousal, Nightmares, Distressed emotion and physical reactions, Avoidance, Intrusive thoughts, Avoids activities, Detracted from interests, Difficulty sleeping, Irritability, Symptoms of anger, Difficulty concentrating, Hypervigilance, Exaggerated startle response (E1)

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF POST TRAUMATIC STRESS Core Module Summary

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VA version is for VA providers. <http://www.cpgsnet.org/reviewingcpgs.html>
DOD version is for DoD providers. <http://www.cpgsnet.org/reviewingcpgs.html>
This document is a clinical practice guideline developed in cooperation with the Office of Quality Assurance and Patient Care Services and the Directorate of Defense Health Readiness.

VA/DoD PTSD CPG

Deployment Health Assessment Forms and Primers



♠ DD Form 2795, Pre-Deployment Health Assessment

- Reviewed by a credentialed provider for positive responses

♠ DD Form 2796, Post-Deployment Health Assessment

- Face to face assessment by trained health care provider (physician, physician assistant, nurse practitioner, independent duty corpsman/medical technician)

♠ Available on www.PDHealth.mil

DD Form 2795

DD Form 2795 Primer (Side Two)
<p>For Complete Roles and Responsibilities (C.R.R.)</p> <p>DD FORM 2795 PRIMER is a quick reference guide to the DD FORM 2795 health provider roles and responsibilities of the military health system.</p> <p>Provider Roles are the specific roles and responsibilities assigned to each provider.</p> <p>Role Sign-off and Monitoring</p> <ul style="list-style-type: none"> Each provider must sign off on all medical records. Originals must be maintained in the medical record. Sign-offs must be dated and signed. Copies sent to the appropriate government or private organization. <p>Follow-up and Charging Care</p> <ul style="list-style-type: none"> DD FORM 2795 is used to track all outpatient health services provided. DD FORM 2795 and a relevant encounter sheet with a DD FORM 2795 health provider role are part of the patient's medical record. DD FORM 2795 is used to document the care of the outpatient health system. DD FORM 2795 is used to document the care of the outpatient health system. <p>DD FORM 2795 is a quick reference guide to the DD FORM 2795 health provider roles and responsibilities assigned to each provider.</p>

<p><input type="checkbox"/> Fatigue, Malaise, Multisystem complaint</p> <p><input type="checkbox"/> Other</p> <p>FINAL MEDICAL DISPOSITION</p> <p>Comments: (If not deployable, explain)</p> <hr/> <p>I certify that this review process has been completed.</p> <p>Provider's signature and stamp:</p>	 <p>POST-DEPLOYMENT Health Assessment</p> <p>3358</p> <p>Authority: 10 U.S.C. 136 Chapter 55, 107d, 3013, 5013, 8013 and O.E. 9397</p> <p>Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to inform military healthcare providers in identifying and providing present and future medical care to you.</p> <p>Routine Use: The U.S. Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and services to you.</p> <p>Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.</p> <p>INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.</p> <p>Demographics</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Last Name:</td> <td style="width: 75%;"></td> </tr> <tr> <td>First Name:</td> <td>MI:</td> </tr> <tr> <td colspan="2">Name of Your Unit or Ship during this Deployment:</td> </tr> </table> <p>Gender Service Branch Component</p> <ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Air Force <input type="radio"/> Active Duty <input type="radio"/> Female <input type="radio"/> Army <input type="radio"/> National Guard <input type="radio"/> <input type="radio"/> Navy <input type="radio"/> Reserves <input type="radio"/> <input type="radio"/> Marine Corps <input type="radio"/> Civilian Government Employee <input type="radio"/> <input type="radio"/> Coast Guard <input type="radio"/> <input type="radio"/> Other <p>Location of Operation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Europe</td> <td style="width: 50%;">Australia</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>South America</td> </tr> <tr> <td> </td> <td>Africa</td> </tr> <tr> <td> </td> <td>North America</td> </tr> <tr> <td> </td> <td>Other</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>To what areas were you mainly deployed? (check all that apply / list where details arrived)</p> <ul style="list-style-type: none"> <input type="radio"/> Kuwait <input type="radio"/> Iraq <input type="radio"/> Turkey <input type="radio"/> Jordan <input type="radio"/> Uzbekistan <input type="radio"/> Bahrain <input type="radio"/> CONUS <input type="radio"/> Other <p>Name of Operation:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p>Occupational specialty during this deployment (MOS, NEC or AFSC):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p>Combat specialty:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="text-align: right;">Administrator Use Only</p> <p>Select the status of each of the following:</p> <p>Yes <input type="radio"/> No <input type="radio"/></p> <ul style="list-style-type: none"> <input type="radio"/> Wound threatening compromised limb <input type="radio"/> Wound threatening compromised life <input type="radio"/> Other (please describe in box below) <p style="text-align: right;">3358</p>	Last Name:		First Name:	MI:	Name of Your Unit or Ship during this Deployment:		Europe	Australia				South America		Africa		North America		Other									
Last Name:																												
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	South America																											
	Africa																											
	North America																											
	Other																											

DD Form 2796

DD 2796 Primer

Post-Deployment Health Reassessment Policy (PDHRA)



- ♠ Health Affairs PDHRA Policy Memo, 10 Mar 05
- ♠ Policy Guidance

- Purpose: Identify and address health concerns that emerge over time following deployments
 - Conducted 90 to 180 days after return to home station
 - Automated DD Form 2900 with questions on general health and specific emphasis on mental health
 - Reviewed and scored by trained healthcare provider (physician, PA, NP, IDC, IDMT)
 - Appropriate referrals, treatment and follow-up

DD Form 2900

PDHRA Process Resources



- ♠ Clinical Guidance
- ♠ PDHRA Policies & Directives
- ♠ Information for Concerns Related to
 - Deployment Exposures
 - Medical
 - Behavioral Health
- ♠ Healthcare Resources
- ♠ PDHRA Training Material

DD Form 2900 Primer

Post-Deployment Health Reassessment (PDHRA)

The Post-Deployment Health Reassessment (PDHRA) is the Post-Deployment Health Reassessment Form (DD Form 2900) developed by the Department of Defense (DoD) which returns from the operational deployment that requires the completion of a Post-Deployment Health Assessment, or PDHRA, using the DD Form 2796. The purpose of the assessment is to identify health concerns that have emerged over time after a deployment and to provide guidance for addressing the military member's health care needs and concerns. All health concerns identified on the DD 2900 must be referred to their primary care provider.

- All re-deploying military personnel from every Service, including Reserve Component personnel, must be provided the opportunity to complete the PDHRA.
- Commanders and supervisors, who are responsible for reviewing and discussing health concerns with the military member, include:
 - Physician assistants
 - Nurses practitioners
 - Independent duty corpsmen/technicians
 - DD 2900 must be completed prior to returning home station or a deployment
 - 120-150 days after return to home station or a deployment
- For injured individuals who are unable to self-complete a DD Form 2900, a medical treatment facility or medical clinic will be available to assist them.

Military Members Rights and Responsibilities

- Military members complete the demographics and health history sections
- Demographic information includes: name, address, telephone number, service branch, pay grade, rank, and marital status
- Health history includes 16 screening and inquiry questions designed to identify health concerns and conditions that may have emerged following the most recent deployment as well as the types of information required to determine if further medical evaluation is needed

Health Care Personnel Roles and Responsibilities

- Health Care Provider reviews health concerns and conditions with the military member and completes the DD Form 2900
- **Provider Review and Interview:** Provider reviews answers to health history with the member and confirms any additional concerns or conditions potential to member to him self or others, and documents any additional concerns or conditions
- **Assessment and Referral:** After the interview, provider documents any additional health concerns and conditions and refers the member to a medical treatment facility or medical clinic
- Active duty members should be referred to their primary care provider. Direct referral to medical treatment facility or medical clinic is acceptable
- For reserve and guard members or separated veterans, a referral to the VA or TRICARE would be appropriate
- For reserve and guard members or separated veterans, a referral to their primary care provider would be appropriate
- Ancillary Staff/Administrator documents the type of health information provided to the member, the type of information required to determine if further medical evaluation is needed to complete the form or accept a referral, provides additional health concern related education

Documentation

- Copy of DD Form 2900 is placed in member's permanent medical record
- Data sent electronically to Army Medical Surveillance Activity (AMSA) at Walter Reed Army Medical Center for inclusion in the Defense Medical Surveillance System
- Follow up and Ongoing Care
 - An active case management process is important for ensuring that cases are reviewed
 - Providers should refer patients with deployment-related concerns should follow the DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
 - Ancillary staff and administrators should refer patients with deployment-related concerns to the DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG) available on the DHCC Web site: www.PDHealth.mil or by contacting the DHCC Clinicians Helpline: 1-(866) 556-1927, DSN 662-9501

DHCC Clinicians Helpline: 1-(866) 556-1927, DSN 662-9501 www.PDHealth.mil
DD Form 2900 Tool Kit Pocket Cards Version 1.0 July 2005

DHCC Clinicians Helpline: 1-(866) 556-1927, DSN 662-9501 www.PDHealth.mil
DD Form 2900 Tool Kit Pocket Cards Version 1.0 July 2005

Deployment Cycle Support

Post-Deployment Health Reassessment (PDHRA) Program (DD Form 2900)

PDHRA Program. In accordance with the Assistant Secretary of Defense for Health Affairs Memorandum, Post-Deployment Health Reassessment, 10 March 2003, the Military Services will implement a Post-Deployment Health Reassessment (PDHRA) Program designed to identify and address health concerns that have emerged over time after a deployment. The PDHRA must be conducted after 90 and before 180 days (preferably 120-150 days) after return to home station from a deployment that required completion of a DD Form 2796. The reassessment is scheduled for completion before the end of 180 days after return so that Reserve Component members have the option of treatment using their TRICARE health benefit. The PDHRA Program uses DD Form 2900 (Post Deployment Health Reassessment) to document health concerns, assessment and referrals. The DD 2900 must be completed in an electronic or Web-enabled format. The completed DD 2900 will be printed and placed in the individual's permanent medical record. The data will be sent electronically to the Army Medical Surveillance Activity (AMSA) at Walter Reed Army Medical Center for inclusion in the Defense Medical Surveillance System.

Table of Contents. The following information has been assembled to provide guidance and assistance for implementing the PDHRA Program.

- Clinical Guidance for Implementation
- PDHRA Policies and Directives
 - Do/Joint Forces
- Screening Forms and Measurement
- Deployment Exposure Concealment Form 2900
- Medical Concerns
- Behavioral Health Concerns
- Health Care Resources
- Education and Training
- Related Links

Post Deployment Health Reassessment (PDHRA) Clinical Training

June 2005

Provider Helpline: 1-866-559-1627
www.PDHealth.mil

Post-Deployment Health Reassessment (PDHRA)

Playing: 150 K bits/second 00:07

All over the world, service men and women are making sacrifices on behalf of this country. There has never been a greater need for us to provide state-of-the-art comprehensive medical care to these service members who are protecting this country. To ensure the health of service members around the world, the Department of Defense monitors and analyzes health information to ensure the latest needs facing our service members. Recent trends have helped us recognize that many of

Clinician Training

June 2005

1 Post-Deployment Health Reassessment (PDHRA)
2 Purpose of the Post-Deployment Health Reassessment (PDHRA)
3 Description of the PDHRA
4 PDHRA Key Elements
5 Impact of Physical and Emotional Stress on Service Members

Available on
www.PDHealth.mil

Toolbox DD2900 Primer

Deployment Health Clinical Center

A DoD Center of Excellence



♦ Clinical Services

- Specialized Care Programs
- Clinician and Service Member Helplines
- Worldwide Ambulatory Referral Program

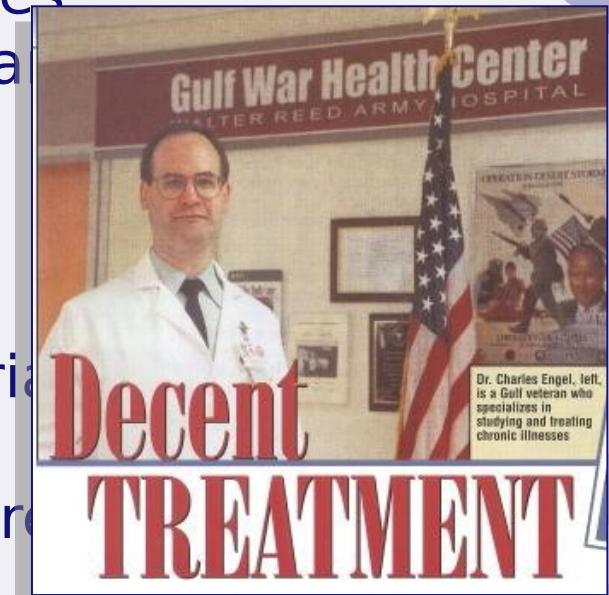
♦ Outreach and Education

- www.PDHealth.mil
- Email Newsletter
- Deployment-Related Education Materials
- Staff Training and Assistance Team
- Annual Force Health Protection Conference

♦ Health Services Research

- Clinical Trials
- Web-Based Treatment
- Web-Based Training

DHCC Experience



- ♦ Proponent for VA/DoD Post-Deployment Health Clinical Practice Guideline

Deployment Health Clinical Center

Resource Center



- ♠ DHCC Helpline for Clinicians/Providers
(Administrative and clinical consultation - Mon-Fri 0730-1630)
 - US Toll Free: 1-866-559-1627
 - Local No.: 202-356-0907 (DSN 642)
 - Outside US DSN: 312-642-0907
- ♠ DoD Helpline for Veterans and Family Members
(Patient information, referral, advocacy - Mon-Fri 0730-1630)
 - US Toll Free: 1-800-796-9699
 - Local No.: 202-782-3577 (DSN 662)
 - From Europe Toll Free: 00800-8666-8666
 - Outside US DSN: 312-662-3577
- ♠ Email Questions
 - pdhealth@amedd.army.mil

PDH-CPG Training Briefs



♠ Produced by DHCC Jan

04

♠ 7 video modules
from 7-12 minutes

♠ Developed for
medical providers
and support staff

♠ CD in Toolbox and
posted on DHCC

The screenshot shows the DHCC website's "PDH-CPG Training Briefs and The Epic of Gilgamesh" page. The page features a red header with the title and a photo of two men in military uniforms. Below the header is a table of contents listing various training modules. A Windows Media player window is overlaid on the page, showing a video of a man in a white lab coat. The media player interface includes a play button, volume controls, and a progress bar.

Table of Contents

- ♠ Introduction
- ♠ Primary Care Screening
- ♠ Primary Care Evaluation
- ♠ Management & Follow-

- ♠ Health Risk Communication
- ♠ Coding and Documentation
- ♠ PDHA

Deployment Health Clinical Training Series



- ♠ Produced by DHCC Jan 04
- ♠ 11 modules from 17-47 minutes
- ♠ Video, script, slides
- ♠ Developed for medical providers and support staff
- ♠ CD in Toolbox and posted on DHCC Web site www.PDHealth.mil

Playing: 86% downloaded 00:25

Good Morning, I'm Lieutenant Colonel Charles Engel, the Director of the Deployment Health Clinical Center, and today we're gonna be running through the Deployment Health Training Series sponsored by the Deployment Health Clinical Center. The Deployment Health Clinical Center is a center mandated by public law in the Stom Thurmond National Defense Authorization Act of 1999. The Deployment Health

2

LTC Charles C. Engel, Jr.

2 - What is DHCC?
3 - DHCC Mission
4 - DHCC Mission-The Details
5 - Objectives

Table of Contents

♠ PDH-CPG

- Introduction/Overview
- Screening/Evaluation
- Management/Follow-up
- Risk Communication
- Coding/Documentation
- PDHA Process

♠ Emerging Health Concerns

- Suicide
- Malaria
- Depleted Uranium
- Leishmaniasis
- Vaccine Safety

New Deployment Health Clinical Series Presentations



♠ Medically Unexplained Symptoms (MUS) Clinical Practice Guideline, Jan 06

♠ Major Depressive Disorder (MDD) Clinical Practice Guideline, May 07

♠ Video, script, slides

♠ Developed for medical providers

♠ Available on

This screenshot shows a presentation slide for the Deployment Health Clinical Center (DHCC). The slide has a red header with the DHCC logo and the text "Deployment Health Clinical Center" and "Medically Unexplained Symptoms". On the right, there is a "Provider Helpline" section with the number 1-866-559-1627 and the website www.PDHealth.mil. The main content area features a video player showing a man in a white lab coat, identified as COL Charles C. Engel, MD, MPH, Director of the Deployment Health Clinical Center. A transcript below the video provides his introduction.

Clip: DHCC 00:07

Hello. I'm Colonel Charles Engel, the Director of the Deployment Health Clinical Center and an associate professor of psychiatry at the University of the Health Sciences. Today I'm going to be talking with you about Major Depressive Disorder and the VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults. The objectives for this presentation are: to review the

This screenshot shows a presentation slide for the Deployment Health Clinical Training Series, dated May 7, 2007. The slide has a red header with the DHCC logo and the text "Deployment Health Clinical Training Series" and "May 7, 2007". On the right, there is a "Provider Helpline" section with the number 1-866-559-1627 and the website www.PDHealth.mil. The main content area features a video player showing a man in a military uniform, identified as COL Charles C. Engel, Jr., MD, MPH, Director of the Deployment Health Clinical Center. A transcript below the video provides his introduction. At the bottom, a list of objectives for the presentation is shown.

00:00:07 / 00:35:59

Slide Controls

00:00:01] 1 - Managing Depression in Primary Care
[00:00:24] 2 - Presentation Objectives
[00:00:44] 3 - Major Depressive Disorder
[00:02:41] 4 - Diagnostic Criteria for MDD
[00:03:28] 5 - Co-Occurring Disorders

“Unless...wars are fought solely by machines, the human cost of warfare will remain high. The troops must... be given a commitment for all necessary care for war-related illness.”

Straus SE: Lancet 1999; 353:162-3



Questions, Information, Assistance



DoD Deployment Health Clinical Center

Walter Reed Army Medical Center

Building 2, Room 3G04

6900 Georgia Ave, NW

Washington, DC 20307-5001

**202-782-6563
DSN:662**

**Provider Helpline
1-866-559-1627**

E-mail: pdhealth@na.amedd.army.mil

Website: www.PDHealth.mil

**Patient Helpline
1-800-796-9699**

